

**FILED JAN 31 1946**

Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 da  
(Specify whether  
 In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3925a Miami Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ETTA LEWIS ANDERSON  
 (b) If veteran, name war no (c) Social Security No. NO

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 7  
 year 46 hour 4:30 minute PM

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife Birch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 13, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 26, 1945, to Jan 7, 1946;  
 that I last saw him alive on Jan 7, 1946;  
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>64</u> | <u>10</u> | <u>25</u> | hr. _____ min.       |

Immediate cause of death Adeno-Carcinoma of Liver  
 Due to Carcinoma of Gall bladder  
 Due to Cholelithiasis  
 Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace Simsport, Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Milton T. Callihan  
 13. Birthplace Louisiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Cora Phillips  
 15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

Major findings: Adeno-Carcinoma of Liver; Carcinoma of Gall bladder; Cholelithiasis  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Anderson  
 (b) Address 3925a Miami Street

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director H. W. McLaughlin  
 (b) Address 2301 Lafayette Avenue

23. Signature H. Louis Schuchat (M. D. or other) \_\_\_\_\_  
 Address 2200 Chouteau Date signed 1-8-46

19. (a) JAN 9 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2240

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Q. H. Cooper*

Licensed Embalmer No. 3830

P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**