S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21450

FILED JUN 3 1946

Registration District No. 1003 Primary Registration District No. Registrar's No. 5217

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 187
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 Laclede
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK LARKINS ANDERSON
3. (b) If veteran, name war
3. (c) Social Security No. 489-09-928
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL ANDERSON
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased 9 (Month) 19 (Day) 1903 (Year)
8. AGE: Years 42 Months 8 Days 20 If less than one day hr. min.
9. Birthplace Memphis (City, town, or county) TENN (State or foreign country)
10. Usual occupation Truck-Driver
11. Industry or business Checker Food Product Co
MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name ORA
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant PEARL ANDERSON
(b) Address 3516 Laclede AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Mary Hale
(b) Address 4702 Finney Ave
19. (a) JUN 11 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1946 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 15, 1946, to June 9, 1946, that I last saw him alive on June 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to Hypertensive cardiovascular disease	
Due to	
Other conditions Gangrene of right foot (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Myocardial infarction; thrombosis of right common iliac and femoral arteries	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F. R. Bradley (M. D.)
Address Barnes Hospital Date signed 6/9/46

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.