V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42050

Registration District No. FILED DEC 23 1946 318

Primary Registration District No. 1003

Registrar's No. 10868

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 18 Min.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days 18 Hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 and 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2841 Walnut Street (If rural, give location) 9 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ceclia Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) 13 (Day) 46 (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. 18 min.

9. Birthplace St. Louis Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Matt Richardson Anderson
13. Birthplace Rosedale (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Rosetta Ware
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Esther M. Sherard, R.R.L.

(b) Address 2601 N. Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) DEC 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1946 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6:07 P. M. 12-10, 1946, to 4:25 P.M. 12-13, 1946; that I last saw her alive on 12-13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Bilateral Broncho-Pneumonia

Due to Atelectasis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

23. Signature W. H. Linkers (M. D. or other)

Address 2601 N. Whittier Date signed 12-16-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.