No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25260
6702

Primary Registration District No. 1003

Registrar's No.

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: 4067 Cleveland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kas
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4067 Cleveland Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME Albert R. Anderson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Anderson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 22, 1856 (Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Inspector
11. Industry or business

FATHER
12. Name Hiram Anderson
13. Birthplace Cincinnatta (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cornelia Ames
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.F. Mulach
(b) Address 4067 Cleveland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18th/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cm.
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.
19. (a) JUL 16 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 2-2-3-28, 1947, to 7-15, 1947, that I last saw him alive on 7-10-47, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue & throat — Duration 18 mos.
Due to Primary cancer of throat
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

23. Signature Burton Holmes (M. D. or other) M.D.
Address 2602 S. Grand Date signed 7-16-47

(Licensed Embalmer's Statement on Reverse Side)

Dr Bohanan
2602 S. Grand
1 30 to 3 -

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

Signed .....

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.