S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39383

FILED NOV 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10436

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: 1433 Penrose St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Wayne 997

(c) City or town Wayne City 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

NR. 2

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

If yes, name country

3. (a) PRINT FULL NAME Laura Clarisa Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter E. Anderson

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 22 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	19	hr. min.

9. Birthplace Wayne Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Albert Nusgrave
13. Birthplace Jefferson Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ellen Roney
15. Birthplace Jefferson Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Abbie Hagebusch
(b) Address 1433 Penrose St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wayne City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1947 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 9, 1947 to Nov 11, 1947
that I last saw her alive on Nov 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombosis of Coronary Artery	11-8-47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94

PHYSICIAN

Underline the cause of 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 R. Emmett Byrne (M. D. or other) MDG

Address 3802 N Grand Bl Date signed 11-12-47

Jefferson City Printing Co.

(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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.