. No. 2
—1/47
-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. 2213

FILED JAN 22 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 421

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: 1 Parkland Place
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 1 Parkland Place 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John F. Anderson

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

7. Birth date of deceased July 23, 1853 (Month) (Day) (Year)

8. AGE: Years 94 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Flemingsberg (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John F. Foudray
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Havens
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Alfred T. Anderson

(b) Address 4502 Laclede Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) JAN 15 1948 (Date received local registrar) (b) J. F. Breded (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 13 day 1948

year 8 hour 45 minute A M.

21. I hereby certify that I attended the deceased from 1945, 19 to Jan 13, 1948 that I last saw him alive on Jan 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Acute on	1 da
Due to: Chronic	2 yr.
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature J. O. Pelin (M. D. or other)

Address 2505 W. Louisiana Date signed 1/14/48

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.....

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.