No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 3149

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6070

State File No. 3416

Registrar's No. 200

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 331 MARION
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ANDREW LAWRENCE ANDERSON
3. (b) If veteran, name war No
3. (c) Social Security No. 489-07-8390
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARINO ANDERSON
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased AUG (Month) 8 (Day) 1885 (Year)

8. AGE: Years 62 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace FUGLEBERG (City, town, or county) DENMARK (State or foreign country)
10. Usual occupation ACCOUNTANT
11. Industry or business FUEL & MATERIAL CO.
FATHER
12. Name JENS ANDERSON
13. Birthplace NESTVERD (City, town, or county) DENMARK (State or foreign country)
MOTHER
14. Maiden name CAROLINE KELLER
15. Birthplace FUGLEBERG (City, town, or county) DENMARK (State or foreign country)
16. (a) Informant Arthur L Anderson
(b) Address 7211 Richmond Place
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Und Co
(b) Address Webster Groves Mo
19. (a) 1-22-48 (Date received local registrar) (b) [illegible] Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1948 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from October 22, 1943 to Jan 20, 1943
that I last saw him alive on Jan. 20, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hodgkins Disease | 3 yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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 11
23. Signature H A Goodwin (M. D. or other)
Address 19 E Lockwood Date signed 1/22/48

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

**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.**