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

FILED APR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113818

Primary Registration District No. 1003

Registrar's No. 3432

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: De Paul Hospital 0
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4541 Harris Ave. 7
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Anderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1874 (Year)
8. AGE: Years 73 Months 10 Days 26 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER 12. Name Samuel Anderson
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Francis Anderson
(b) Address 5206A Highland Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8 year 1948 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 2 1948 to April 8 1948, that I last saw him alive on April 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death A. Lobar Pneumonia (R.H.B.) — Duration 1 wk

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

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 home or place) No
While at work? (e) Means of injury

23. Signature J. J. Medler (M. D. or other)
Address 4116 W. Lorand Date signed 4/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4114 W. Florissant

12-2

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 Warren A. Carver

Licensed Embalmer No. 3534

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.