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 JUN 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17355
Registrar's No. 4681

1. PLACE OF DEATH:
(a) County
(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No.: 8629 Trumbell Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edna 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: Married
6. (b) Name of husband or wife: Oliver H. Anderson
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: October 29th, 1887 (Month) (Day) (Year)

8. AGE: Years 60 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Hoagland
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Safrona Keene
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Oliver H. Anderson
(b) Address: 8629 Trumbell Ave. Carsonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Boulevard
19. (a) MAY 20 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1948 hour 9 minute 04 PM.
21. I hereby certify that I attended the deceased from 2-7, 1948 to 5-18, 1948; that I last saw her alive on 5-18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma Rt lung with metastasis	Since 2-7-48
Due to:	
Due to:	
Other conditions: Pleural Effusion (Rt & left) (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

23. Signature: Wm Moore MD (M.D. or other) MD
Address: 7301 Natural Bridge Date signed: 5-19-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Normandy 21 Mo

001 Natural Bridge Blvd.
3-5 P. M. & 7-8 P. M.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.