

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbor Terrace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbor Terrace	
c. LENGTH OF STAY (in this place) Unknown		d. STREET ADDRESS (If rural, give location) 3824 Melba Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3824 Melba Terrace PLACE			

3. NAME OF DECEASED (Type or Print) Anna Anderson			4. DATE OF DEATH (Month) (Day) (Year) February 13th, 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 2nd, 1873	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Hours 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Quincy, Illinois /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Williams	13b. MOTHER'S MAIDEN NAME Margaret Schaeffer	14. NAME OF HUSBAND OR WIFE Late Erick E. Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Chester Anderson, 3824 Melba Place	ADDRESS
(If yes, give war or dates of service)			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cecum		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma metastatic		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9/6/48	19b. MAJOR FINDINGS OF OPERATION See 1a - resection of cecum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1945, to death, 1950, that I last saw the deceased alive on 2-6, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles N. Duda M.D.	23b. ADDRESS 5720 Washburn	23c. DATE SIGNED 2/14/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/16/50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri
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DATE REC'D BY LOCAL REG. 2-15-50	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3120 Washington
1 to 5 PM

NOV 18 1955

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Mlesna

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.