

S. No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#2239
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27
Registrar's No. 607

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
128 E. Etta ave.
(If not in hospital or institution, write street number or location) Memorial
(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 St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
128 E. Etta ave. 128 E. Etta ave.
(If rural, give location) NR 25
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EMMIE ANDERSON
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 10 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17th
year 1946 hour 6:10 minute P M.
21: I hereby certify that I attended the deceased from 1/15/46
....., 19....., to 1/17/46....., 19.....;
that I last saw h. er alive on 1/17/46....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 1 7 ..hr.min.

Immediate cause of death Generalized arteriosclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Missouri (1)
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation At Home

11. Industry or business.....

12. Name Jerry Nash
13. Birthplace Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown (1)
(City, town, or county) (State or foreign country)

16. (a) Informant George Barnes
(b) Address 1822 Lafayette ave.

17. (a) Removal (b) Date thereof Jan. 20, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Point, Missouri.

18. (a) Signature of funeral director C. Hoffmeister U. & I. Co.
(b) Address 7814 S. Broadway

19. (a) JAN 19 1946 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to 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?

23. Signature Herbert C. Fritz (1)
Address 1515 Lafayette Date signed.....
(Specify type of place) (a) Means of injury (b) (c) (d) or other)

344 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2239

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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address. *7814 S. Broadway*.....

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.