

**FILED MAR 30 1943 818**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
**Isolation Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Less than 24 Hrs.**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4182 Delmar Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harley Anderson**

3. (b) If veteran, name war **None** (c) Social Security No. **486-18-5107**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna** 6. (c) Age of husband or wife if alive **Past 21** years

7. Birth date of deceased **Aug. 12, 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**47 7 4** hr. min.

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

10. Usual occupation **Blacksmith**

11. Industry or business **Small Arms Plant**

12. Name **Millard F. Anderson**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ora Ann Gregory**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Anderson**

(b) Address **4182 Delmar Blvd.**

17. (a) **Removal** (b) Date thereof **3/19/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson City, Mo.**

18. (a) Signature of funeral director **Chas. J. Kron Funeral**

(b) Address **4911 Washington Blvd.**

19. (a) **MAR 19 1943** (b) **J. J. Brudack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **16** day **March**  
year **1943** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Bronchopneumonia;**  
Due to **Acute Pneumococcic Meningitis;**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

Home \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature **Thomas Halloran** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **3-19-43**

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

MOTHER }  
FATHER }

**3**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

*Harry E. Galley*  
*4078*  
*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.**