

S. No. 2  
M-5-42  
v. 5-17-39  
F I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21491

State File No. ....

**FILED JUN 20 1946**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5038**

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: **Enroute to City Hospital** **3**  
(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 **Missouri** (b) County.....

(c) City or town **St. Louis** **5-17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5648 Maple** **9**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas L. Anderson**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **January 12, 1912**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**34 4 22** hr. min.

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

10. Usual occupation **City Fireman**

11. Industry or business.....

MOTHER FATHER

12. Name **Thomas Anderson**

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

14. Maiden name **Mary Howard**

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

16. (a) Informant **Mrs. Mary Anderson**

(b) Address **5648 Maple Ave.**

17. (a) **Burial** (b) Date thereof **6-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **White, J. Mark**

(b) Address **1225 Union Blvd.**

19. (a) JUN 5 1946 (b) **J. F. Breesek**  
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**  
year **1946** hour **8** minute **50 AM.**

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....;

that I last saw h..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of skull**  
**fractured hemiparesis of**  
**brain when the fire exploded**  
**in which he was caught and**  
**run down by one Edward Holt**  
**responding to a fire alarm**  
**sent by J. J. Kelly**  
**operator by Roy Roberts**  
**at the instant**

Due to.....

Due to.....

.....

.....

.....

.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Day of occurrence **June 4, 1946**

(c) Where did injury occur? **St. Louis Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public City**  
(Specify type of place) (e) Means of injury **to above**

23. Signature **Patrick E. Kelly** (M. D. or other) **Rep. of**  
Address..... Date signed **6/5/46**

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

20350

**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 *W. W. Wilkinson*

Licensed Embalmer No..... *3575*

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.**