

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21717

1. PLACE OF DEATH

County St Louis
Township Webster Groves
City St Louis

Registration District No. 789
Primary Registration District No. 1971

File No. 21717
Registered No. 72
St. 72 Ward

2. FULL NAME

(a) Residence. No. 662 West Lockwood Ave Ward. 72
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Isla Sloan Anderson
(last name of)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 4 | 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work President Title Trust Co
(b) General nature of industry, business, or establishment in which employed (or employer) Title Guaranty 21
(c) Name of employer Trust Company

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Mr Richard E Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Laura McCausland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14.

INFORMANT R W Sloan
(Address) 554.5 Pershing Ave. St Louis

15.

FILED 6-20-28 Arthur K Nestor REGISTRAR
per Elsie Benson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 1928 to 1928, and that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull ribs crushed through lungs as result of an auto accident at Albany, Mo. June 12, 1928

CONTRIBUTORY (SECONDARY) Car - Webster - Mo

18. WHERE WAS DISEASE CONTRACTED St. Louis
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF June 18 1928
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Louis H Bopp, M.D.

6-19-28 (Address) 171 Argonne St. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine Cemetery June 20 1928
20. UNDERTAKER Wagoner and Co ADDRESS 3621 Olive St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

