

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

Do not use this space.

41908

1. PLACE OF DEATH

County..... Registration District No. 170

Township..... Primary Registration District No. 1000

City St. Louis (No. City Hospital)

15399

2. FULL NAME

(a) Residence, No. 1864 So. 14th St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
Registered No. 10998
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>		<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchandise

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Warfield ? (STATE OR COUNTRY) Switzerland

13. NAME Bus Anderson

14. BIRTHPLACE (CITY OR TOWN) 24 (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Christine Smith

16. BIRTHPLACE (CITY OR TOWN) Sweden (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caban DATE 12-13-1932

19. UNDERTAKER H. P. Mondell (ADDRESS) 1916 Allen St.

20. FILED DEC 12 1932 May O'Connell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1932 to Dec. 11th 1932
I last saw him alive on Dec. 11th 1932 Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

At upper lobar pneumonia
1108
137 / 108

Other contributory causes of importance: Hypertrophied prostate

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Maurice A. Beebe, M. D.
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Anderson