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.

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

OCT 11 1934

Do not use this space.

34326

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9118

City St. Louis (No. 5510, Beacon St. ..... Ward)

2. FULL NAME Eugene S. Anderson

(a) Residence, No. 5510 Beacon St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 ~~(OR) WIFE OF~~ Emma Foht Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	7	8	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Charles Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Emma Anderson 5510 Beacon

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethlehem DATE Sept. 15 1934

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED SEP 15 1934 19 J. F. Biederk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1934, to 9-12-34, 19..

I last saw him alive on 9-12, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary embolus — Date of onset 9-12

94 b

Other contributory causes of importance:

Had hemiplegia — 3 yrs ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Mat J Crowe, M. D.

(Address) 5738 W Florissant

Dr. Crowe
W. Toussaint at
Robin
Hrs!