

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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City of St. Louis (No. 1321 Sublette Ave.)

Registration District No. 791
Primary Registration District No. 1003

File No. 8333
Registered No. 1785
St. Ward

2. FULL NAME

James Louis Anderson

(a) Residence, No. 1321 Sublette Avenue 4 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 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 Husband of Effie		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1869		
7. AGE YEARS 67	MONTHS 5	DAYS 10
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-8 1937, to 2-8 1937

I last saw him alive on 2-8 1937. Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Other contributory causes of importance:
Chronic myocarditis & decompensation
chronic nephritis
acute Bronchitis

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?
If so, specify
(Signed) J. M. Webb, M. D.
(Address) 4501 S. Manchester

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Missouri
13. NAME	Scott Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Missouri
15. MAIDEN NAME	Millie Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Missouri
17. INFORMANT (ADDRESS)	Effie Anderson 1321 Sublette Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE	St. Louis, Mo. DATE Feb 11 1937
19. UNDERTAKER (ADDRESS)	A. M. McLaughlin 2301 Lafayette Avenue
20. FILED	FEB 10 1937 J. S. Bredeck Registrar

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