

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

Do not use this space.

JUN 12 1937

791

18718

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **Christian Hospital**)

File No.....

Registered No. **5294**

St. Ward

2. FULL NAME Gail Karen Anderson

(a) Residence, No. 4842 Anderson Ave. St. 7 Ward.

(If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1937

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

13. NAME Arthur T. Anderson

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

15. MAIDEN NAME Emma Sills

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

17. INFORMANT Mr. Arthur T. Anderson (ADDRESS) 4842 Anderson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calgary Cemetery DATE May 28th, 37

19. UNDERTAKER Drehmann Taval (ADDRESS) 1905 Union Blvd.

20. FILED **MAY 28 1937** 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on 5-27, 1937. Death is said to have occurred on the date stated above, at 9 A. m.

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

Asphyxia neonatorum

Other contributory causes of importance: Breech presentation

Name of operation..... Date of..... What test confirmed diagnosis?..... 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?..... If so, specify..... (Signed) Frederic W. M.D. (Address) 507 1/2 N. Union

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.

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