OCT 4 10

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

791

32553
Do not use this space.

1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 8607

(c) City St. Louis (d) Street No. 3948 Labadie Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME EDWARD A. ANDERSON,

(a) Residence, No. 3948 Labadie Avenue St. ID
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Brand) Elizabeth M. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	8	0	

OCCUPATION

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

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

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) Chester Ill.

FATHER

13. NAME Charles Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs Elizabeth M Anderson
(ADDRESS) 3948 Labadie Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE Sept. 14, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. SEP 13 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937, to Sept 11th, 1937

I last saw him alive on Sept 11th, 1937 Death is said to have occurred on the date stated above, at 12:10 P. M.

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

Pulmonary Tuberculosis Probably one yr. ago — Date of onset

Other contributory causes of importance

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

What test confirmed diagnosis? Laboratory test Was there an autopsy? .....

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) Thos W Congdon, M. D.

(Address) 5043 Vernon Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

2233

STATEMENT BY LICENSED EMBALMER

I, William G. Buckholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buckholz, L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed William G. Buckholz

Licensed Embalmer No. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)