

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

39300
Do not use this space.

1. PLACE OF DEATH-

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST. LOUIS, MO. (d) Street No. 1433 BREMEN AVENUE St.
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JEREMIAH ANDERSON

(a) Residence, No. 1433 BREMEN AVENUE St. 26
(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 20-1896
7. AGE YEARS 41 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 3 YRS

12. BIRTHPLACE (CITY OR TOWN) SALEM
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME PHILLIP ANDERSON

14. BIRTHPLACE (CITY OR TOWN) SALEM
(STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME MINERVA DODSON

16. BIRTHPLACE (CITY OR TOWN) STEELVILLE
(STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) DOROTHY ANDERSON
1433 BREMEN AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE DILLARD No DATE Nov. 16TH 1937

19. FUNERAL DIRECTOR (ADDRESS) Wm. H. Brown
4212 S. Euclid Ave

20. FILE NOV 5 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1936, 19... to Nov 4, 1937.
I last saw him alive on Nov 3, 1937. Death is said to have occurred on the date stated above, at 8:30 am
The principal cause of death and related causes of importance were as follows:

Tuberculosis
Pulmonary

Date of onset late 1935

Other contributory causes of importance: NO

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) J. O. Puller M. D.
(Address) 2505 No 15

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.

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DEC 13 1937

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

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.)