

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.

FEB 12 1938

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

689
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. **2207 Jules St.** St. **2**
 (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 **Daniel P. Anderson 636**

(a) Residence, No. **2207 Jules St.** St. **23**
 (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**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kathryn Anderson**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1866**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 72 Unknown Unknown
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Superintendent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 12 yrs.**
 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) **Vicksburg, Michigan**

FATHER 13. NAME **Daniel Anderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Bessie Scanland**
 (ADDRESS) **2207 Jules St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Oak Grove** DATE **Jan. 17, 1938**

19. FUNERAL DIRECTOR **J. C. Magrill**
 (ADDRESS) **1926 Allen Ave.**

20. FILED **JAN 17 1938** **J. H. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-14-38**, 19**38**

22. I HEREBY CERTIFY, That I attended, deceased from **March 17, 1937, to Jan 14, 1938**
 I last saw him alive on **Jan 14, 1938** Death is said to have occurred on the date stated above, at **9:15** m.

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

Cancer of Bladder
(unknown)
Chronic myocarditis
acute bronchitis
 Date of onset **2-57**

Other contributory causes of importance:
Chronic myocarditis
acute bronchitis

Name of operation Date of
 What test confirmed diagnosis? **X-ray** 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 **Occupation** M. D.

(Signed) **J. H. Bredeck** (Address) **22785 Jefferson**

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

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

Wm. C. Moydell

Licensed Embalmer No. 1467

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.)