

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.

DEF OCT 12 1938

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

30554  
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008  
 (b) Township 1 Primary Registration District No. 791  
 (c) City St. Louis (d) Street No. In Route Homer Phillips Registered No. 7991  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 John Anderson

(a) Residence, No. 4315 Kennerly (rear) St. MI  
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS alt 49 MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Centaur  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Allen Anderson  
 14. BIRTHPLACE (CITY OR TOWN) Centaur  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dicy Smith  
 16. BIRTHPLACE (CITY OR TOWN) Centaur  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Clarence Anderson  
 (ADDRESS) 6122 Minerva Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 10, 1938

19. FUNERAL DIRECTOR (NAME) Russell Undt. Co.  
 (ADDRESS) 2732 Pine Street

20. FILED SEP - 9 1938 J. B. Baker  
 Local Registrar.

~~Not a~~ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7/38 19

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows:  
External Hemorrhage, Laceration of left axillary artery, due to being stabbed with knife in hands of one Dawson Robinson at 2663 Enright about 2:30 A.M. Sept. 7, 1938

Other contributory causes of importance:

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, homicide Date of injury 9/7/1938  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury See above  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Alfred Percy  
 (Signed) Deputy Coroner  
 (Address)

**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Joel Russell .....

or by .....

Registered Apprentice No. ...., working under my personal supervision, .....

Signed .....

*Joel Russell*

Licensed Embalmer No. ....

*2115*

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**