

NOV 16 1938

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

33879
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 3659 Pennsylvania Ave. 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.

Registration District No. 791Primary Registration District No. 1003Registered No. 8865

2. PRINT FULL NAME

George H. Anderson
(a) Residence, No. 3659 Pennsylvania Ave. St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/24/1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist
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) (STATE OR COUNTRY) Erie, Penna.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville, Wis.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Ella M. Anderson
3659 Pennsylvania18. BURIAL, CREMATION, OR REMOVAL PLACE Fr. Dickson Cem. DATE 10/12/193819. FUNERAL DIRECTOR (ADDRESS) A. Russell Und. Co.
2732 Pine Blvd.20. FILED OCT 11 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 193822. HEREBY CERTIFY, That I attended deceased from Oct 1928 to Oct 10, 1938I last saw him alive on Oct 9, 1938. Death is said to have occurred on the date stated above, at 5:59 a.m.

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

Gastric Ulcer = Pyloric Stenosis Date of onset

Other contributory causes of importance:

Dilation of Stomach

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) W. P. Carver(Address) 11 N. Jefferson

M. D.

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: me

L. E.

No. 2115 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Joel Russell
Licensed Embalmer No. 2115

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.)