REC'D APR 12 1939

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

8197
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1962

(c) City or Saint Louis (d) Street No. 3317 Delmar Blvd. 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 536 Charles C. Anderson

(a) Residence, No. 3317 Delmar Blvd. St. 27
(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	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt. 59	—	—	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Peoria (STATE OR COUNTRY) Illinois

FATHER

13. NAME Will Anderson

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT Annie Anderson (ADDRESS) 3317 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE March 2, 1939

19. FUNERAL DIRECTOR (NAME) Charles J. Gates (ADDRESS) 4107-09 Finney Avenue

20. FILED MAR 2 1939 J. D. Bredeck Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to February 27th, 1939

I last saw him alive on February 27th, 1939 Death is said to have occurred on the date stated above, at 5:20 a.m. p.m.

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

	Date of onset
Lobar Pneumonia	2-22
Other contributory causes of importance: Emphysema	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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) M. J. Curtis, M. D.

(Address) 11 North Jefferson

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, or by James A. Johnson, Registered Apprentice No. working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107-09 Finney Ave

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

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