

REC'D JUN 12 1939

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

16629  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City.....  
(d) Street No.....  
(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.

St. Louis, Mo.

791  
1003  
Registration District No.....  
Primary Registration District No.....  
1031 Howard Street!

Registered No. 4163

## 2. PRINT FULL NAME

(a) Residence, No. 1031 Howard Street St. 26  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

536 Theresa Anderson,

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 5 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
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) St. Louis Mo.

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs. Mrs. Place 4121 Glasgow Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 6th '39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Market Street.

20. FILED MAY 4 1939 J. P. Rudick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-27-1939, to 5-3-1939, 1939.

I last saw her alive on 5-1-1939. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

chr. myocarditis  
arteriosclerosis

Date of onset

Other contributory causes of importance:

chr. cholelithiasis  
no stones

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) H. R. Reffly, M. D.

(Address) 1943 N. 11th St. St. Louis, Mo.

MAR 15 1950

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

Signed *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *22 13 St Lou*

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.