

REC'D JUN 12 1939

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

791
1008

17166
Do not use this space.

1. PLACE OF DEATH
 (a) County St Louis Mo. Registration District No. 791
 (b) Township St Louis Primary Registration District No. 1008 Registered No. 4700
 (c) City St Louis (d) Street No. Homer Phillips Hos, 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 Pharoah Anderson
 (a) Residence, No. 2226 a Franklin Ave St. 21
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 27th, 1883.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>55</u>	<u>6</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Waterloo
 (STATE OR COUNTRY) South Carolina

FATHER
 13. NAME Austin Anderson
 14. BIRTHPLACE (CITY OR TOWN) So, Carolina
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Hettie Foger
 16. BIRTHPLACE (CITY OR TOWN) So, Carolina
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1939 to 5/19 1939
 I last saw him alive on 5/19 1939 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart disease Date of onset 7/1934
Chronic Nephritis July 1934

Other contributory causes of importance
Cholesterol Was there an autopsy? no

Name of operation Date of
 What test confirmed diagnosis Cholesterol

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 Yes
 (Signed) J. E. Mason, M. D.
 (Address) 809 N. Jefferson

17. INFORMANT (ADDRESS) Bertha Anderson
2226 a Franklin Ave.

18. BURIAL, CREMATION, OR DISPOSITION OF REMAINS
 PLACE FATHER BICKSON DATE 5-26-39

19. FUNERAL DIRECTOR Ellis Funeral Home
 (ADDRESS) 2820 Stoddard St

20. FILED MAY 24 1939
J. B. Bickson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X1294

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. L. Boykin
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ample
_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Lomnie Boykin
Licensed Embalmer No. 2946

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.)