

JAN 12 1940

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

41977

Do not use this space.

781  
1003

Registered No. 11100

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
(b) Township St. Louis Primary Registration District No. 1  
(c) City St. Louis (d) Street No. 536 Registered No. 11100  
(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 Stillborn -Anderson

(a) Residence, No. 536 St. 5 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.  
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Robert Anderson  
14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)  
MOTHER 15. MAIDEN NAME Eileen Cash  
16. BIRTHPLACE (CITY OR TOWN) St. Rosedale, Indiana (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Robert Anderson  
536 St. Louis  
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Dec 28 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John B. O'Neill  
1225 St. Louis  
20. FILE DEC 28 1939 J. B. Buddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/1939 19  
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw h. Still Born alive on 1050p 19. Death is said to have occurred on the date stated above, at 1050p m.  
The principal cause of death and related causes of importance were as follows:

Distress of tissues resulting from

Other contributory causes of importance:

Toxemia of Pregnancy (Mother)

Name of operation None Date of None  
What test confirmed diagnosis? Routine 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) John B. O'Neill, M. D.  
(Address) 1222 Missouri St. Louis

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.

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**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.....

Licensed Embalmer No.....

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.**