

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

Do not use this space.

25540

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Tammel, 8th & Opave St.**) St. _____ Ward _____

File No. _____
 Registered No. **7133**

2. FULL NAME **Reggie W. Anderson**
 (a) Residence. No. **117^{1/2} N. 9th St.** St. **25** Ward. **11**
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS **if LESS than 1 day, hrs. or min.**
act 40 | **✓** | **✓**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Unknown**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

10. NAME OF FATHER **✓**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **✓**

12. MAIDEN NAME OF MOTHER **✓**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **✓**

14. INFORMANT (Address) **R. S. Vetter**

15. FILED **AUG - 7 1927** **Manlo Starkeoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 4 1927**

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, (that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Shock & Injuries (Head)
blow (off) Removal by train
steam
CONTRIBUTORY (SECONDARY) **Open Verdict**
Meth. accidental or intention
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Not ascertainable**
 IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **R. S. Vetter** M. D.
1111 1927 (Address) **Coroner**

***State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Nardin Ky.** **DATE OF BURIAL** **8-9 19 27**

20. UNDERTAKER **Southern** **ADDRESS** **7315 S. Bdwor**

PARENTS

FEB 24 1947

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.) Registration District No. *791* File No.
Primary Registration District No. *1003* Registered No. *7133*
.....St.Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode) (if nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *S*

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

FILED *NOV -9 1927* *May G. Starkloff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 4 1927*

17. I HEREBY CERTIFY That I attended deceased from 19....., 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:
Shock & injuries (head cut by) Run over by train - steam

CONTRIBUTORY (SECONDARY) *to Automobile* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) *J. W. Kerner* M. D. (Address) *Crown's Office*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Exact statement of occurrence is very important.

S-5590