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

Do not use this space.

29170

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8761

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis Mo (No. Newstead + Duncan St. ..... Ward)

2. FULL NAME Alva Anderson

(a) Residence. No. ..... St., 19 Ward. 2427 Mary Ave Jennings Mo
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11-1888

7. AGE: 38 YEARS | MONTHS: 10 | DAYS: 18 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: J. W Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Lizzie Haynes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT John Anderson
(Address) 4323 Manchester

15. FILED OCT -1 1927, 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock and Injuries (Interanl & crushed body) Walls collapsing during severe wind storm.

187D (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ACCIDENT.

..... (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) R. S. Nitt, M. D

1/X, 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: Dixon Tuo | DATE OF BURIAL: Oct 2 1927

20. UNDERTAKER: Wm Ambrustes Ind Co. 4234 | ADDRESS: Manchester

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state