

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **4036 Juniata**)

File No. **31531**

Registered No. **8856**

St. _____ Ward)

2. FULL NAME

Bernethi Anderson

(a) Residence. No. **4036 Juniata**, St., **16** 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

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 _____

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

Jan 26 - 1840

7. AGE

87

8

6

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

PARENTS

10. NAME OF FATHER

H. H. Buttle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Marney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT (Address)

**Mrs. A. M. Clapp
4036 Juniata**

15.

FILED

**OCT - 3, 1927
May S. Starckoff**

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Oct 2nd, 1927

17.

I HEREBY CERTIFY, That I attended deceased from

June 22, 1927 to Oct. 2, 1927

that I last saw him alive on **Oct. 1, 1927**, and that death occurred, on the date stated above, at **7:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Lymphadenomata (multiple)
(Hodgkin's disease) of the
Lymph gland Malignant**
535 (duration) **4** yrs. **4** mos. **4** ds.

CONTRIBUTORY (SECONDARY)

Infarct of adomed wife (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. Friedman, M.D.**

Oct. 3, 1927 (Address) 3146 Morgan Rd

*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

DATE OF BURIAL

Mo. Crematory

10-4-1927

20. UNDERTAKER

ADDRESS

Peety Bros. 3029 Lafayette

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.

