

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

Do not use this space.

31866

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City Koch (No. R Koch Hosp.)

Registration District No. 1123  
Primary Registration District No. 6248B

File No. \_\_\_\_\_  
Registered No. 344 St. \_\_\_\_\_ Ward

**2. FULL NAME**

Anderson Bertaa

(a) Residence. No. 2705 Morgan St. \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred x yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Col. 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15 5 14

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

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

10. NAME OF FATHER Jessie Anderson

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

12. MAIDEN NAME OF MOTHER Emma Goodlow

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

14. INFORMANT Koch Hospital Records  
(Address) Koch Ho.

15. FILED Sept 28 19 L.C. Obrock M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1929 to Sept. 26 1929 that I last saw him or alive on Sept. 26, 1929, and that death occurred, on the date stated above, at 10:20 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulm Tuberculosis  
23A

About \_\_\_\_\_ (duration) yrs. 6 mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Unknown  
(SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS X Ray & Sputum  
(Signed) P. C. Mc Ginnis, M. D.  
9/26/29 (Address) Koch Hospital

\*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 Farther Divisors DATE OF BURIAL Oct 2 1929

20. UNDERTAKER C. W. Roberts ADDRESS 3035 Duncan

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.

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PARENTS

