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.

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

Do not use this space.

23429

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 500 S. Kingshighway St. Louis Children's Hosp. St. ..... Ward)

File No. .....

Registered No. 6925

2. FULL NAME Billie Anderson

(a) Residence. No. 1124 Aubert St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	w	—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11-28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	9	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — 23A
(b) General nature of industry, business, or establishment in which employed (or employer) — 26 24A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis 1
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joe Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Eunice Padfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monette
(STATE OR COUNTRY) Mo 1

14. INFORMANT M Brown
(Address) 500 S. Kingshighway

15. FILED 21 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1931, to 6-23, 1931 that I last saw him alive on 6-22-, 1931, and that death occurred, on the date stated above, at 4:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous meningitis
Pulmonary Tuberculosis
Potts disease

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Alexis F. Hartmann, M. D.
, 19 (Address) 500 S. Kingshighway

*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 Calvary

DATE OF BURIAL 6/24 1931

20. UNDERTAKER Stangan & Sheahan

ADDRESS 4415 Washington