

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.

NOV 28 1931

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

Do not use this space.

35480

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. 177 mi. West of St. Charles)

Registration District No. 157
Primary Registration District No. 5998

File No. _____
Registered No. 158
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ladue Road St. _____ Ward. St. Louis County Mo
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Louise E. Anderson

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

15. MAIDEN NAME Viola Wilson

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

17. INFORMANT (ADDRESS) Mrs. Jane Anderson
Ladue Road St. Louis County

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 16 1931

19. UNDERTAKER (ADDRESS) W. J. Lammally
St. Louis Mo.

20. FILED 10/26 1931 Hy. G. Bloebaum
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1931

22. I HEREBY CERTIFY, That I attended deceased—from Fred J. J. J. to _____, 19____

I first saw _____ alive on Oct 24, 1931. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Accidental, due to
Internal injury, his
motor car, he was riding
in left hand & turned over
striking his head the
fracture of the 4th to the 8th
ribs with puncturing his lungs
Other contributory causes of importance _____
Name of operation _____ Date of _____
What was confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury, Oct 24, 1931

Where did injury occur? N. W. 40. 1 1/2 miles west of
(Specify city or town, county, and State) St. Louis

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury fracture of ribs & puncturing lungs
Nature of injury fracture of ribs & puncturing lungs

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. J. J. J., M. D.
(Address) St. Louis Mo

