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.

35757

File No. 10238

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City Saint Louis Mo (No. ..... St. ..... Ward)

2. FULL NAME Alice Anderson

(a) Residence, No. 6301 Vermont St., 1 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Geo B. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2-1887

7. AGE: YEARS 44 MONTHS 3 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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): Saint Louis Missouri

FATHER
13. NAME: Edward Dowling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Eliza Churchhill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Minnie Dowling 6301 Vermont

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope Cemet DATE: Oct 5 31

19. UNDERTAKER (ADDRESS): Southern Und Co 6320 So Grand Blvd

20. FILED OCT -5 1931 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Oct 2nd, 1931
I last saw her alive on Oct. 2nd 42, 1931 Death is said to have occurred on the date stated above, at 2 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	9/30/31
131	
43c	
132 B	

Other contributory causes of importance:
1 - Chronic Interstitial Nephritis
2 - Chr. Myocarditis

Name of operation: None Date of
What test confirmed diagnosis? Clinical microscopical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
131
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) 3951a Gravois

3057

Bostlikman Stock
Drug

2-3