

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

Do not use this space.

38982

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1005
 City St. Louis (No. 5800 arsenal) St. Ward (.....)

2. FULL NAME

Anderson Le Foree
 (a) Residence, No. 5800 Arsenal St., 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 16 1/2 ? ? ?
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. garage
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME John Le Foree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. M. Effinger
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE Nov 5, 1931

19. UNDERTAKER (ADDRESS) Bonnie - Richards
1130 1/2 St. A

20. FILED RCV - 4 1931 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Nov 2, 1931

I last saw him alive on Nov 2, 1931. Death is said to have occurred on the date stated above, at 8:00 p. m.

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

Chronic myocarditis
pulmonary congestion
9:00 p.
11/2
Other contributory causes of importance: senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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.

Manner of injury

Nature of injury

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

(Signed) Dr. Preston Hall, M. D.
(Address) 5800 Arsenal

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.

