

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

Do not use this space.

3041

1. PLACE OF DEATH

County..... Registration District No. 79
 Township..... Primary Registration District No. 1000
 City St Louis (No. 4156 Potomac ave) St. L Ward 770

2. FULL NAME

Belia Anderson
 (a) Residence, No. 4156 Potomac St. 16 Ward.
 (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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late John W Anderson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11, 1858</u> | | |
| 7. AGE YEARS <u>76</u> | MONTHS <u>5</u> | DAYS <u>11</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 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)
New Jersey

13. NAME Wm Connor

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

15. MAIDEN NAME Elizabeth Burns

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

17. INFORMANT Walter P. Anderson
(ADDRESS) 4156 Potomac ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Jan 25, 1932

19. UNDERTAKER Kriegshauser Mortuary
(ADDRESS) 4104 Manchester

20. FILED Jan 24 1932 Max O. Stanley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Jan 22, 1932
 I last saw h. u. alive on Jan 23, 1932. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
Myelitis
Larg Fibros Pleurae
in utero? Benign
 Other contributory causes of importance:
Smoking

Date of onset
7 or 12
Oct 1931

Name of operation None Date of.....
 What test confirmed diagnosis?..... 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.

Manner of injury.....
 Nature of injury..... D

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

(Signed) W. E. Jones, M. D.
 (Address) 4500 Olive St

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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