

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

Do not use this space.

13991

File No.
Registered No. **3295**
St. Ward)

1. PLACE OF DEATH

City Saint Louis No. 3423 Manhattan
Township
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME

Frank Harris Anderson
(a) Residence, No. 3423 Manhattan St., 4 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Works
10. Date deceased last worked at this occupation (month and year) Feb - 1928 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Michigan

13. NAME Alonso D. Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Laura Emory

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) M. Anderson 7303 Myrtle Ave Washwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Lebanon DATE Apr 5 1932

19. UNDERTAKER (ADDRESS) Parsons Undertaking Co Webster Groves

20. FILED: APR - 7 1932 W. C. [Signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1932 to Apr 2nd, 1932

I last saw him alive on Apr 1st, 1932. Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Lobar pneumonia Mark 108
73A 108

Other contributory causes of importance: acute myocarditis

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?

If so, specify
(Signed) [Signature] M. D.
(Address) 3500 Broadway

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.

MAGNIFYING GLASS RESERVED FOR BINDING

