

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

Do not use this space.

14422

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis, Mo. St. Louis No. Children's Hospital 500 So. Kingshighway St. Ward.....

File No.
Registered No. 3774

2. FULL NAME

Bertha Anderson
(a) Residence. No. 2815^a No. Grand St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan - 23 - 1918</u>		
7. AGE	YEARS	MONTHS
	<u>14</u>	<u>2</u>
		DAY
		<u>24</u>
		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
<u>Child</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 17 - 1932

17. I HEREBY CERTIFY, That I attended deceased from 3-8- 1932, to 4-17- 1932, that I last saw h. s. s. alive on 4-17- 1932, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chr. nephritis, glomerular
131
95 B 131
symptoms since (duration) yrs. 3 mos. ds.
CONTRIBUTORY Cardiac hypertrophy, Hyper-
(SECONDARY) tension and Coronic failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? clinical & Pathology
real Hansen & Gallman M. D.
(Signed) St. Louis Children's Hospital
, 19 1932 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Delphia McCray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri

14. INFORMANT M. Huelst
(Address) 500 So. Kingshighway

15. APR 18 1932
FILED Max W. Taylor
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns North DATE OF BURIAL Apr. 19 1932

20. UNDERTAKER Math. Hermann & Son ADDRESS 461 East FAIR AVE

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

