

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

Do not use this space.

30402

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 1003, North 12) St. _____ Ward _____

File No. _____
Registered No. 8053
St. _____ Ward _____

2. FULL NAME

Walter Anderson
(a) Residence, No. 1003 N 12 St. 25 Ward.

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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 26 Feb 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 - 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laber 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2374

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) St Louis Mo

FATHER 13. NAME Tom Anderson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALA

17. INFORMANT Kellie Anderson (ADDRESS) 1003 N 12 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE Sept 6 1932

19. UNDERTAKER (ADDRESS) Death

20. FILED 5 1932 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept/2/32 1932

22. I HEREBY CERTIFY, that _____ deceased from May/27/32 to Sept/2/32

I last saw him alive on Sept/1/32 19____. Death is said to have occurred on the date stated above, at 8 P. m.

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

Abdominal Carcinoma
(Liver, Stomach & Intestines)
Primary seat in Liver

Date of onset
YR.

Other contributory causes of importance:

466

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) W. Moore, M. D.
(Address) 1336 FRANKLIN ST. LOUIS MO

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

