

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

Do not use this space.

34269

1. PLACE OF DEATH

County Registration District No. **781**
Township Primary Registration District No. **1008**
City **St Louis, Mo** (No. **702 N. Vandeventer Ave**) St. Ward)

File No.
Registered No. **9629** St. Ward)

2. FULL NAME

(a) Residence, No. **702 N. Vandeventer** St., **11** Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR, OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lillie Anderson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 6 1875</i>		
7. AGE YEARS <i>57</i>	MONTHS <i>3</i>	DAYS <i>22</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer 1</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Vernon Ill. 2</i>		
13. NAME <i>Louis Anderson</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill. 2</i>		
15. MAIDEN NAME <i>Unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>		
17. INFORMANT <i>Mr. Lillie Anderson</i> (ADDRESS) <i>702 N. Vandeventer</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Vernon Ill</i> DATE <i>Oct 31 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Geraghty</i> <i>425 S. Broadway</i>		
20. FILED <i>11/31 1932</i> <i>Max C. Frankel</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28*, 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *about Sep 2*, 19*32*, to *Oct 28*, 19*32*

I last saw him alive on *Oct 28*, 19*32* Death is said to have occurred on the date stated above, at *1 a.m.*

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

Endocarditis - Chronic Date of onset

92A

57B

Other contributory causes of importance: *Rheumatism*

92A ①

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) *C. Frankel*, M. D.

(Address) *3529 Franklin*

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.

1907 (or 1908) [unclear]

67-10-10 [unclear]

3529

8 1/2