

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

Do not use this space.

42170

1. PLACE OF DEATH

County..... Registration District No.....
Township.....
City St. Louis Mo. (No. 2) St. Ann's Hospital #1

File No.....
Registered No. 11296 St. Ward)

2. FULL NAME

(a) Residence, No. 1870 S. 7th St. St. 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 30, 1884</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>19</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
	13. NAME <u>August A. Anderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
	15. MAIDEN NAME <u>Blout Knaw</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
	17. INFORMANT (ADDRESS) <u>August Anderson</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u>	
	19. UNDERTAKER (ADDRESS) <u>3732 S. Grand Ave</u>	
20. FILED <u>DEC 20 1932</u>		

MEDICAL CERTIFICATE OF DEATH
The Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:45 a.m.,
The principal cause of death and related causes of importance were as follows:
Hemorrhage into Right Pleural Cavities & Lung due to Phony Tuberculosis
Carcinoma of Pancreas
Date of onset.....
Other contributory causes of importance:
HLE
32A
HLE
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) J. W. Ferrell M.D.
Dec. 20 1932 (Address) St. Louis

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.

