

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

Do not use this space.

**21130**

**1. PLACE OF DEATH**

County..... Registration District No. 702  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Hospital #1) St. .... Ward)

File No. ....  
 Registered No. 4898  
 St. .... Ward)

**2. FULL NAME** Lars Anderson

(a) Residence, No. 4733 S Broadway St. 15 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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 Jennie Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 th. 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 9 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1864

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

13. NAME Andrew Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Jennie Anderson  
4733 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE New Packer DATE June 5th. 33

19. UNDERTAKER (ADDRESS) Wm. Schumacher  
3033 Meramec St.

20. FILED JUN - 5 1933  
J. F. Beudeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd. 1933

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:45 p.m.

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

Hypostatic Pneumonia,  
Inter-trochanteric Fracture  
of left femur caused by fall  
from garage roof at Big Bend Rd.  
South E. Kirkwood Mo.  
Accident 1864

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr 8, 1933

Where did injury occur? Kirkwood Mo.

(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) John F. Beudeck

(Address) Deputy Coroner

6/5/33

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.

