

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 11003  
City St. Louis (No. 4622) Pope

File No. 24973  
Registered No. 6390  
St. .... Ward

**2. FULL NAME**

George F. Anderson  
(a) Residence, No. 4622 Pope St. 9 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 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 Mollie A. Anderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21<sup>st</sup> 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retros. Salesman  
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 13. NAME David Anderson

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

15. MAIDEN NAME Annie Melligan

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

17. INFORMANT Mrs Annie Mahan (ADDRESS) 4622 Pope

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE July 25<sup>th</sup> 1933

19. UNDERTAKER Arthur J. Donnelly, Inc. Co (ADDRESS) 3846 Grand St. Ben

20. FILED 1933 J. Brebeck Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22<sup>nd</sup> 1933

22. I HEREBY CERTIFY That I attended deceased from May 2<sup>nd</sup> 1933 to July 22<sup>nd</sup> 1933  
I last saw him live on July 22<sup>nd</sup> 1933. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
Chronic myocarditis  
Hypertension  
Paralytic Stroke  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? Lab Was there an autopsy? no

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? no  
If so, specify Arnold H. Wurser, M. D.  
(Signed) Arnold H. Wurser, M. D.  
(Address) 8900 St. Charles Rd.

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

AUG 26 1933

1 15 2

