MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

JAN 26 1934

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

Do not use this space.

43000

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11045

City St. Louis Mo (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Louis A. Anderson

(a) Residence, No. 7116 Forsythe St., MR Ward.
(Usual place of abode) (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 – 1863

7. AGE: YEARS 70 | MONTHS 3 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 Missouri

FATHER

13. NAME James M. Anderson Jr

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

MOTHER

15. MAIDEN NAME Lucellia Gwathmy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT (ADDRESS) Mrs Florence Post 7116 Forsythe

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Dec 26 1933

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive Street

20. FILED DEC 20 1933 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 24 - , 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 - 22 - , 1933, to 12 - 24 - , 1933

I last saw him alive on 12 - 24 - , 1933. Death is said to have occurred on the date stated above, at 3350 m.

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

	Date of onset
Acute Bronchopneumonia	Dec. 21
Pulmonary Edema	
101 A	
95 A	
111 B	

Other contributory causes of importance: Auricular fibrillation

1076

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? No

If so, specify .....

(Signed) T. G. Drake, M. D.

(Address) Barnes Hosp

[illegible] STATE [illegible]
[illegible] STATE PARK [illegible]
[illegible]