

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

Do not use this space.

26435  
6595

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis Mo.* (No. *City, Mo.*).....

File No.....  
Registered No.....  
St..... Ward.....

**2. FULL NAME** *Alexander Anderson*

(a) Residence, No. *4173 Ashland Ave St.* **10** Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 *Emma Anderson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 24 - 1884*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*50 4 8*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brain Operator*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *General Steel Cos.*  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation *60*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

MOTHER / FATHER 13. NAME *Not known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

MOTHER 15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT *Emma Anderson* (ADDRESS) *4173 Ashland Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *July 4, 1934*

19. UNDERTAKER *H. F. Leidner and Co* (ADDRESS) *1417 N. Market St.*

20. FILED *JUL - 4 1934* *J. B. Brebeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 2<sup>nd</sup>, 1934*

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at *1-4* m.

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

*Expansive heart*

*191*

Other contributory causes of importance.....

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?..... 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) *Harold P. DeWitt, M.D.*

(Address) *St. Louis, Mo.*

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.

AUG 15 1934

