

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

Do not use this space.

26728

6912

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Sanatium St. Sanatium Ward)

**2. FULL NAME**

Pete Anderson  
(a) Residence, No. 2215 Montgomery St., 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Montgomery 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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 Unknown Unknown

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

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

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

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Mullins  
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 7-7 1934

19. UNDERTAKER Walter Richter  
(ADDRESS) 3500 Rutledge St

20. FILED 11 17 1934  
J. B. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1934, to 7-5, 1934

I last saw him alive on 7-5, 1934 Death is said

to have occurred on the date stated above, at 6<sup>00</sup> p. m.

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

Chronic Myocarditis Date of onset 3-12-34  
Arteriosclerosis  
Hypertension 3-12-34  
Senile Dementia 3-12-34  
Hypertension 3-12-34

Other contributory causes of importance:

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

What test confirmed diagnosis? Cholesterol Was there an autopsy?.....

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) Dr. Mullins, M. D.

(Address) 5400 Arsenal

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 16 1934

00A