

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

Do not use this space.

27050

7281

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. 4219 N. 14)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Kate Anderson  
(a) Residence, No. 4219 N. 14 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF the late James Anderson  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8<sup>th</sup> 1901

7. AGE YEARS 72 MONTHS 10 DAYS 04  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Red Bud Mo

13. NAME Anthony Murphy

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

15. MAIDEN NAME Elizabeth Youngblood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopold Missouri

17. INFORMANT Herman Anderson  
(ADDRESS) 4219 N. 14 St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cemetery DATE July 25 1939

19. UNDERTAKER Henry Ledford  
(ADDRESS) 1417 N. Market St.

20. FILED 7/23/39 Joe J. Bredech  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd 1939

22. I HEREBY CERTIFY That I attended deceased from July 4, 1939, to July 22, 1939  
last seen alive on July 21, 1939. Death is said to have occurred on the date stated above, at 9:49 a.m.  
The principal cause of death and related causes of importance were as follows:

Uremic Coma  
Chr. nephritis  
131  
131  
Other contributory causes of importance:  
Chronic myocarditis  
Arterio Sclerosis

(Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Aloysius A. McF, M. D.  
(Address) 3600 N. 14 St

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 1939

