

JAN 24 1935

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. **791**
Township Primary Registration District No. **10003**
City **St. Louis, Mo.** (No. **City Infirmary**) St. Ward)

45176

File No.
Registered No. **12331**

2. FULL NAME **James Anderson**

(a) Residence, No. **City Infirmary** St., **13** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **7** 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) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 26, 1859**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75. 4. 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Not employed**

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) **Missouri**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **J. J. Sullivan**
(ADDRESS) **175800 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Dixon Mo** DATE **Dec. 30, 1935**

19. UNDERTAKER **Gaid E. Ambrose**
(ADDRESS) **4234 Ingersoll**

20. FILED **C 24 13 19** **Joe J. Bredeck**
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 29, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 7, 1933** to **Dec 29, 1934**

I last saw him... alive on **Dec 29, 1934** Death is said

to have occurred on the date stated above, at **12:05 a.m.**

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

Bronchopneumonia Date of onset **12-26-34**

Other contributory causes of importance:
Chr. prostatitis 1932
Chr. cystitis/bladder 1932

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? **No**

If so, specify

(Signed) **Maxim J. Han, Jr., M. D.**

(Address) **5600 Arsenal St.**

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.

