

AUG 9 1935

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

Do not use this space.

791
1003

24562

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Bethesda Hospital) St. 5948 Ward)

2. FULL NAME

Robert Anderson
(a) Residence, No. 3645 Vista Ave. Ward. 18
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widely</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 - 1935</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>			
	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) <u>St. Louis Mo</u>				
FATHER	13. NAME <u>Not Known</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>			
MOTHER	15. MAIDEN NAME <u>Myrtle Prans</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>M Prans</u> (ADDRESS) <u>3645 Vista Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>July 12 1935</u>				
19. UNDERTAKER <u>Fred M. Williams</u> (ADDRESS) <u>4535 Washington</u>				
20. FILED <u>JUL 12 1935</u> <u>J. F. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1935, to 7-11-35, 1935.
I last saw him alive on 7-10-35, 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Septicemia of umbilicus Date of onset?
Port of entry probably
Chord (Port of entry, probably chord)
Other contributory causes of importance:
161d
Name of operation..... Date of.....
What test confirmed diagnosis? lab. 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) W. H. Shiley, M. D.
(Address) 4660 Maryland

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.

RECORD WITH CHANGING INVA---THIS IS A PERMANENT RECORD

