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.

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

Do not use this space.

30874

OCT 23 1935

791
1003

File No. 7663

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. City Hosp. St. ..... Ward)

A 9032

2. FULL NAME John Anderson

(a) Residence, No. 4530 Oakdale St., Ward. 18 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11 - 1889

7. AGE: Years 46 Months 2 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Montevallo Mo

FATHER

13. NAME: Alexander Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Scotland

MOTHER

15. MAIDEN NAME: Mary McTaggart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kaufman Tex

17. INFORMANT (ADDRESS): Hosp Sup City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lackawanna DATE 9-14-35

19. UNDERTAKER (ADDRESS): McDaniel & McPherson 4528 Lottman Avenue

20. FILED SEP 11 1935 19.... J. H. Broderick Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1935, to Sept 11, 1935

I last saw him alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 8:30 am

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

	Date of onset
Carcinoma of face	July 1934
Primary seat Buccal Cavity	

Other contributory causes of importance:

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

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) J. A. Berenfeld, M. D.

(Address) City Hosp