

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.

70-23-1935

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 **1003**
City St. Louis Mo (No.), Southern St. Ward)

41593

File No.
Registered No. **10837**

2. FULL NAME Susan Anderson

(a) Residence, No. 7653 Rutger St., 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 8 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) about 1932 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1935, to 12-20, 1935

I last saw her alive on 12-20, 1935. Death is said to have occurred on the date stated above, at 7:20 A. m.

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

Pneumonia Bronchial Date of onset 12-16-35
Fract. Pelvis 12-10-35

Other contributory causes of importance:
Senility
Hepatic Necrosis
1860
1571
1934
1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County
Missouri

13. NAME Wesley Huddleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
Missouri

15. MAIDEN NAME Roch Ama Talley

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

17. INFORMANT (ADDRESS) Wesley Huddleston
5900 Chestnut St

18. BURIAL, CREMATION, OR REMOVAL PLACE Southern Mo DATE Dec 22, 1935

19. UNDERTAKER (ADDRESS) Albert N. Hoge
429 7th

20. FILED DEC 23 1935, 1935 Registrar. J. Bredeck

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-10, 1935

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Fell to floor of City Sanitarium

Manner of injury Fracture of Pelvis
Nature of injury Fell to floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Wesley H. Appel, M.D.
(Address) 5900 Chestnut

