

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

Do not use this space.

AUG 18 1936

28653

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City **ST. LOUIS - G. P. CITY HOSPITAL #1**

File No.....
Registered No. **7418**
St..... Ward)

2. FULL NAME **SUSAN-ANDERSON**

(a) Residence, No. **19 N. SPRING AVE** St. **19** 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 (write the word) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC 20 - 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

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) **MO**

FATHER 13. NAME **WILLIAM ANDERSON**

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

MOTHER 15. MAIDEN NAME **AMANDA OGDUL**

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

17. INFORMANT **Mrs. Muller**
(ADDRESS) **19 N. SPRING AVE**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **ST. PETERS** DATE **JULY 17 1936**

19. UNDERTAKER **EDW. F. HOWARD & SONS**
(ADDRESS) **4218 St. Louis ave**

20. FILED **JUL 16 1936**
J. F. Bredeek Registrar.

No Phy. attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14 1936**

22. I HEREBY CERTIFY, That I attended deceased from
19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **5:30 p.m.**

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

Heart Stroke
Date of onset

Other contributory causes of importance: **191**

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?.....

If so, specify

(Signed) **John J. Sweeney, M.D.**

(Address) **20 Deputy**

7/12/36

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.

