DEC 3 1936

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. 1003

File No. 39907

Registered No. 11234

City St. Louis (No. En Route to City Hospital #1 St. ..... Ward)

2. FULL NAME John Anderson

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

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: 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) Unknown

7. AGE: About 63 YEARS; MONTHS ---; DAYS ---; IF LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Wisconsin

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Harold H. Schulz, Coroners Office

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potters Fisld DATE Nov 14 1936

19. UNDERTAKER (ADDRESS) Peetz Brothers, 3029 Lafayette Ave

20. FILED NOV 12 1936 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendence

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1936, 19

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 8:30 P.M.

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

Fracture of Skull
Laceration of Brain, Fracture of Left and Right leg, received when struck by a Plymouth Sedan (Careful Cab) Driven by one Clarence Wallace (Bol) at Vandeventer and Washington about 8:30 P.M. Oct 17 1936
Criminal Carlessness

Date of onset

Other contributory causes of importance:

Name of operation (Pedestrian) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Ye

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Crim Care Date of injury Oct 17, 19 3
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) [signature], M. D.
(Address) [signature]

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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