DEC 3 1936

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

Do not use this space.

43052

File No. 11627

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. CITY INFIRMARY St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Warren Anderson,

(a) Residence, No. City Infirmary, St., Hospital Ward. 13

(Usual place of abode) 5800 Arsenal St. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/3/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1872	64	10	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summervill Illinois.

FATHER

13. NAME Henry Anderson.

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

MOTHER

15. MAIDEN NAME Eliza Stibbins.

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

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Louisiana, Mo DATE 11/24/36 19

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4234 Manchester

20. FILED NOV 24 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to November 23, 1936

I last saw him alive on November 23, 1936. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

	Date of onset
CHRONIC MYOCARDITIS &	
pulmonary edema	

Other contributory causes of importance:

Paralysis agitans	
Decubitus ulcer, etiology	
not known.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) [illegible], M. D.

(Address) 5600 Arsenal

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.