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.

JAN 10 1937

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

Do not use this space.

46473

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

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

City Firmin Desloge No. Hosp. ..... St. ..... Ward)

File No. 12262

Registered No. .....

2. FULL NAME Harold Anderson

(a) Residence, No. 3026 S. Jeff. St., 24 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 35 min.
0	0	0	0	

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME Harry Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherbargan, Wisconsin

MOTHER

15. MAIDEN NAME Viola Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olney, Illinois

17. INFORMANT (ADDRESS) Harry Anderson 3026 S. Jeff.

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews Cem DATE 12-14 1936

19. UNDERTAKER (ADDRESS) Will Bros Ft U.E. 2929 S. Jeff.

20. FILED DEC 14 1936 J. H. Boddeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1936 to December 13, 1936

I last saw him alive on December 13, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

Prematurity

Date of onset

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Other contributory causes of importance:

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) John J. Black, M. D.

(Address) 1325 O. Grand St. Louis, Mo