FEB 27 1937

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 File No. 8034

Township ..... Primary Registration District No. 1003 Registered No. 1459

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B.14523

2. FULL NAME Eva Anderson

(a) Residence, No. 2848 Lafayette 23 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: 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: Charles Anderson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 24, 1870

7. AGE: 66 YEARS | MONTHS: 4 | DAYS: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 26
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): Washington, Mo.

FATHER

13. NAME: Calvin Linsey. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batesville, Ark.

MOTHER

15. MAIDEN NAME: Nancy Fershie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Mo.

17. INFORMANT (ADDRESS): Louis Anderson. 2848 Lafayette, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hopewell Mo. DATE: Feb 3, 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid Ave.

20. FILED: FEB 2 - 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/37, 19, to 1/31/37, 19

I last saw her alive on 1/31/37, 19 Death is said to have occurred on the date stated above, at 12.35 a

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

	Date of onset
Bilateral renal calculi	?
Ptosed rt kidney	?
Generalized peritonitis	1/29/37

Other contributory causes of importance: 134a

Name of operation: Pyelolithotomy & nephropexy rt Date of 1/28/37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Thos W. Soam, M. D.

(Address) City Hospital No.1

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.

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