

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. 791)

Registration District No. 1003City Hospital No. 2

File No. 8338  
Registered No. 1790  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Anderson(a) Residence, No. 4469 Enright St. 11 Ward \_\_\_\_\_Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
52 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, common9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 310. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Michigan 213. NAME Washington Anderson 214. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Arkansas 215. MAIDEN NAME Eliza Alexander16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable S. Carolina17. INFORMANT (ADDRESS) Ruby P. Pearson 2945 Lawton18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 10, 193719. UNDERTAKER (ADDRESS) Charles J. Bates 4107 Finney Avenue20. FILED FEB 10 1937 J. A. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937 to Feb. 6, 1937I last saw him alive on Feb. 6, 1937 Death is said to have occurred on the date stated above, at 8:25 P. M.

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

Luetic Heart DiseaseOther contributory causes of importance: 34

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) A. J. Lewis, M. D.(Address) 2945 Lawton

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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