

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

Do not use this space.

AUG - 5 1937

1. PLACE OF DEATH **HOMER G PHILLIPS HOSPITAL** **791**
 County Registration District No.
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **2601**), **N. Whittier** St. Ward)

File No. **25366**
 Registered No. **6540**

2. FULL NAME **LETTIE ANDERSON**
 (a) Residence, No. **4219 W Maffitt** St. **11** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **24** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Fem** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 14, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 2 19

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. **nil**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

13. NAME **Louis Wines**

14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

15. MAIDEN NAME **Fannie Smith**

16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Evalyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **FATHER DICKSON** DATE **7-7-1937**

19. UNDERTAKER **A. RUSSELL AND CO.** (ADDRESS) **2732 BINE ST**

20. FILED **2601 796** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 24, 1937 to July 3, 1937**

I last saw her alive on **July 3, 1937**. Death is said to have occurred on the date stated above, at **5:10^a m.**

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

Carcinoma of the Cervix

Date of onset **6/24/37**

Other contributory causes of importance:

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) **Thomas C. Metcal**, M. D.

(Address) **2601 N Whittier**

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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OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C.

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