

AUG 12 1938

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

791
1008

23450

Do not use this space.

6144

1. PLACE OF DEATH 17159 Papin

- (a) County Registration District No.
(b) Township Primary Registration District No.
(c) City ST Louis, MO. (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bush Anderson

- (a) Residence, No. 17159 Papin, ST St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Cali	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Anderson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1890		
7. AGE 48	YEARS 6	MONTHS 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lab.		9. Industry or business in which work was done, as 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) Ark.		
13. NAME S helby Anderson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.		
15. MAIDEN NAME Sarah P		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.		

17. INFORMANT Ollie Anderson
(ADDRESS) 17159 Papin, St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson. DATE 7-9-3819. FUNERAL DIRECTOR (NAME) E. L. Garner
(ADDRESS) 2829 Washington, Ark20. FILED 9 1938
J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

22. I HEREBY CERTIFY that I attended deceased from June 15, 1938, to July 3, 1938. I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

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

Acute Myocarditis, caused by chr. rheumatic fever
Other contributory causes of importance: Rheumatic fever, Otitis media

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 (HURT) /
(Signed) J. T. Bredeck, M. D.
(Address) 923 W. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Mauloué

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Isaac Jerome Mauloué

Licensed Embalmer No. 3994

P. O. Address 3655 Linden St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.