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.

REC'D AUG 12 1938

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

23498
Do not use this space.

791
1003
6192

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6192
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
(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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harriett Anderson 536
(a) Residence, No. 4044 W Belle Place St. 11
(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 F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF Robert Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1864
7. AGE YEARS 74 MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Tyler Texas
Texas

FATHER
13. NAME Antha Moorehead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 12, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Avenue
20. FILED JUL 11 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938 to July 9, 1938
I last saw her alive on July 9, 1938. Death is said to have occurred on the date stated above, at 3:06pm.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 6/28/38

Other contributory causes of importance:
Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) Wallace Fingal, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, or by _____,

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.