

REC'D APR 12 1939

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

791
10038392
Do not use this space.

Registered No. 2157

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City Saint Louis or (d) Street No. Homer G. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁵³⁶ Rosie Anderson

(a) Residence, No. 3126 Delmar Blvd. St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 11, 1902</u>		
7. AGE <u>36</u>	YEARS	MONTHS <u>2</u>
		DAYS <u>22</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Louisiana</u>	
	13. NAME <u>Unk. Watson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
	15. MAIDEN NAME <u>Lula Artley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable South Carolina</u>	
17. INFORMANT (ADDRESS) <u>William Anderson</u> <u>570 Emma Av., Web. Groves.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Father Dickson</u> <u>Mar. 8, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Charles J. Gates</u> <u>4107-09 Finney Avenue</u>		
20. FILED <u>MAR 6 1939</u> <u>J. D. Budnik</u> Local Registrar.		

Medical Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 7:50 A.M.
The principal cause of death and related causes of importance were as follows:
Diffused Hemorrhagic Peritonitis
Ruptured tubo Ovarian adhesions
1396 Cause of abscess unknown

Other contributory causes of importance:
1396

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Alfred G. Perry, M. D.
(Address) 1900 Clark Avenue

(Licensed Embalmer's Statement on Reverse Side)

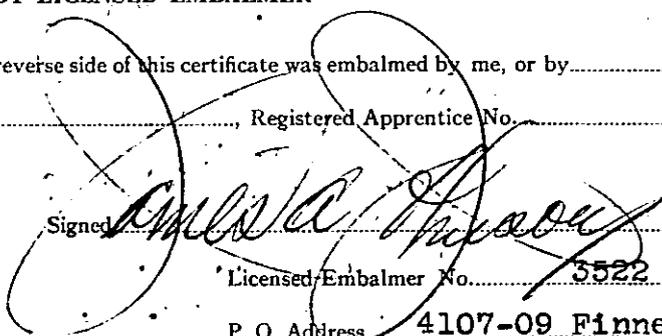
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 30 1944

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, or by.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107-09 Finney Ave

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.