

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.

JUL 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis (No. 2) Central Hospital St. East Alton Ill. (Ward)

20359

File No. **5203**
Registered No.

2. FULL NAME

536 Ethel Mae Anderson
(a) Residence, No. 309 George St. St. N.R. Ward. East Alton Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF William Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation 3.0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County Woodville Township, Illinois

13. NAME Moses Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

15. MAIDEN NAME Martha Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun County, Illinois

17. INFORMANT H. B. Anderson (ADDRESS) 309 George St. East Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL Barley Cemetery, Woodville Township, Ill. DATE June 11, 1939

19. UNDERTAKER Robert H. Strepper (ADDRESS) 2521 Edwards St. Alton, Ill.

20. FILED **JUN 9 1939** J. F. Bredel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 2, 1939, to June 8, 1939. I last saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at 4:15 P. M.. The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma
Perinephritis
Pyelitis

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray 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? Yes
If so, specify.....
(Signed) L. P. Morgan M. D.
(Address) Alton, Ill.

Embalmed by Robert H. Streep -

License Number 2474.