

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.

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

Do not use this space.

6213

FILED MAR 10 1943

1. PLACE OF DEATH
35 County St. Louis Registration District No. 107
2 Township St. Louis Primary Registration District No. 3019
2 City St. Louis (No. 16 St. 16 Ward 16)

2. FULL NAME Thomas Jefferson Anderson
(a) Residence, No. 16 St. 16 Ward 16
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Anderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1864
7. AGE YEARS 78 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Butler, Mo.
FATHER 13. NAME Thomas Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME Mo.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Mary Anderson
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 1/28
19. UNDERTAKER (ADDRESS) W. J. Anderson
20. FILED 2-1-43 19 St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1942
I HEREBY CERTIFY That I attended deceased from Dec 20, 1942, to Jan 20, 1943
I last saw him alive on Jan 20, 1943. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:
Emphysema
Date of onset
Other contributory causes of importance: 922
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.....
(Signed) W. J. Anderson, M. D.
(Address) St. Louis

RECEIVED

District Health Office No.

District File Number 243-0

Date Filed 2-8-43