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

Do not use this space.

3442

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1073

City St Louis (No. 3136, New Ashland Pl. St. ..... Ward)

2. FULL NAME John Anger

(a) Residence (Usual place of abode) No. 3136 New Ashland Pl. St. 10 Ward. ..... (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mathilda Graden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter Cont.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ger

PARENTS

10. NAME OF FATHER John Anger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ger

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ger.

14. INFORMANT Mathilda Anger (Address) 3136 New Ashland Place

15. FILED JAN 30 1928 19 Maude Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28th 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan. Aug 1, 1927, to Jan. 28th, 1928, that I last saw him alive on Jan. 20th 1928, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation.

Auricular Fibrillation.

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(duration) ..... yrs. 4 mos. 28 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis Parenchymatous about

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Alexander J. Kotkis, M. D.

, 19 (Address) 4119 Farlin Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peters Cont.	Jan 31 1928
20. UNDERTAKER Bromschwig Und Co	ADDRESS 4740 W Florissant

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.

...IS A PERMANENT RECORD