

**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. 79H
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. Sanitarium) St. 13 Ward)

File No. 28649
 Registered No. 8104

2. FULL NAME

Annie Healler
 (a) Residence. No. 715 Lafayette 13 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 63 yrs 7 mos 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Peter Healler
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 7 0
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Domestic (b) General nature of industry, business, or establishment in which employed (or employer) Unknown (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) Smith, J. J. 5300 Bessard

15. FILED AUG - 9 1924 REGISTRAR W. C. Starbuck

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8/28 19
 17. I HEREBY CERTIFY, That I attended deceased from 7-21-28, 19, to 8-8-28, 19, that I last saw him alive on 8-8-28, 19, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bumela-Pneumonia
10-10
1000 (duration) yrs. mos. 3 da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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? Chief
 (Signed) Smith, J. J. M. D.
8/8/28, 19 (Address) 5300 Bessard

*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 New St. Paul, Chicago DATE OF BURIAL Aug 10 1928
 20. UNDERTAKER Wacker-Hallert ADDRESS 2387 So Pine

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.

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.

