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

Do not use this space.

13195

File No. 3755

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 13123

City St Louis Mo (No.) 2746 A Papin St. Ward)

2. FULL NAME Anna Olson

(a) Residence. No. 2746 A Papin St. St., 22 Ward.
(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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work nile
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mr Fred Olson
(Address) 2746 A Papin St.

15. FILED 19 Wm C. Tarlton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1929

17. I HEREBY CERTIFY, That I attended deceased from March 2 1929, to March 25 1929 that I last saw h. alive on March 25, 1929 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) yrs. mos. ds.

18. WHERE DID DISEASE CONTRACT IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Otto C. Hanssen, M. D

3/27, 1929 (Address) 2910 Chouteau

*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 Marcus Cem. DATE OF BURIAL March 28 1929

20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette av

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.