

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

Do not use this space.

21457

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 5200, Blanc St. Ward) (St. Ward)

**2. FULL NAME** Peter Anna

(a) Residence, No. 5200 Blanc St. 2 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26-1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>—</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Packer 151</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shuggs Lumber Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u> 11. Total time (years) spent in this occupation <u>23 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>		
FATHER	13. NAME <u>Henry Anna</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31</u>	
17. INFORMANT <u>Mr. Lester Hensing</u> (ADDRESS) <u>5200 Blanc St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter - Paul</u> DATE <u>June 29</u> 19 <u>32</u>		
19. UNDERTAKER <u>J. A. Sisk</u> (ADDRESS) <u>2630 S. ...</u>		
20. FILED <u>UN 28 1932</u> <u>May 27 1932</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

2. I HEREBY CERTIFY, That I attended deceased from No Physician attended 19... to 19...  
 I last saw him alive on ..... 19... Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:  
930

8. Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 G. W. Kerner, M.D.  
 (Signed) G. W. Kerner (Address) Dep. Comm.

WRITE PLAIN 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.

