WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

37447

File No.

Registered No. 10097

1. PLACE OF DEATH

County ..... Registration District No. 11

Township ..... Primary Registration District No. [illegible]

City St Louis Mo. (No. Christian Hosp. St. ..... Ward)

2. FULL NAME Anna Whisler

(a) Residence, No. 2230 Hebert St. St., 20 Ward.
(Usual place of abode) (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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) St. Louis Mo.

FATHER

13. NAME Kern Poertner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Clinton G. Whisler 2230 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion DATE Nov. 16, 1932

19. UNDERTAKER (ADDRESS) Kyle Leidner Und. Co. 1417 N. Market St.

20. FILED NOV 16 1932 Clay C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 to 19, 1932, to Nov 4th & 13, 1932

I last saw h. alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 4-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer. Perforation	Sept. 17
Peritonitis Abdominal Abscess	Nov. 13
117A	
129	
97	

Other contributory causes of importance: Arterial Sclerosis.

Name of operation none Date of

What test confirmed diagnosis? clinical 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

(Signed) Geo Mellus MD M.D.

(Address) 2743 N. Grand