

**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. **791**  
Township ..... Primary Registration District No. **1005**  
City **St. Louis** (No. **Lutheran Hospital**)

File No. **4160**  
Registered No. **1131**  
St. .... Ward

**2. FULL NAME**

**Anna Riska**  
(a) Residence, No. **1408 S 12** St., **23** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? **50** yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry Riska</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>about 1860</b>		
7. AGE YEARS <b>about 73</b>	MONTHS <b>Unknown</b>	DAYS <b>Unknown</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House wife</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30, 1933**

22. I HEREBY CERTIFY That I attended deceased from **12-21**, 19**32**, to **1-30**, 19**33**  
I last saw her alive on **1-30**, 19**33**. Death is said to have occurred on the date stated above, at **9:30** p.m.  
The principal cause of death and related causes of importance were as follows:

**the Myocarditis**  
**the Parenchymatous nephritis**  
**the Passive congestion of lungs & liver**

Date of onset  
**?**  
**12-20-32**

Other contributory causes of importance:

**932**  
**1015 B**  
**131**

Name of operation **none** Date of .....  
What test confirmed diagnosis? **lab & chest** as there an autopsy? **no**

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? **no**  
If so, specify .....

(Signed) **Herbert S. Langford**, M. D.  
(Address) **3115 So Grand**

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia</b>
	13. NAME <b>Joseph Loida</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia</b>
	15. MAIDEN NAME <b>Anna Altman</b>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia</b>
	17. INFORMANT (ADDRESS) <b>Henry Riska</b> <b>1408 S 12 St</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New Ricker</b> DATE <b>2-2-33</b>	
19. UNDERTAKER (ADDRESS) <b>H. C. Moydell</b> <b>1926 Wall St</b>	
20. FILED <b>FEB - 1 1933</b> <b>H. C. Moydell</b> Registrar	

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.

