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.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 24400
Township Central — Primary Registration District No. 4470 — Registered No. 77
City University City (No. Blackberry Ave. St. Ward)

2. FULL NAME Sallie Anselm,
(a) Residence, No. Blackberry Ave. St., Ward. University City
(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 F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1867.

7. AGE — YEARS 66 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Martin Heintz,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sallie Rosenfelder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Wm. Anselm Blackberry Ave. University City

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Ev. Cemty DATE 7/13/33

19. UNDERTAKER (ADDRESS) Louis H. Bopp Clayton Mo.

20. FILED July 11, 1933 Lena V. Moeller D, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1933, to July 10, 1933
I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 1:15pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Cerebral Haemorrhage | 7/10/33 |

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Other contributory causes of importance:
(1) General Arteriosclerosis.
(2) Carcinoma — Right Breast.

Name of operation Removal of Breast. Date of 5/22/1933
What test confirmed diagnosis? Clinical Was 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) Chas F. Rosenberger M. D.
(Address) 1156 North & South Road