

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

Do not use this space.

34348

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City Lander Village (No. 43 Picardy Lane) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Mary Cleage  
 (a) Residence, No. 43 Picardy Lane St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Cleage</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3, 1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>5</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>	
	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) <u>Jonestown Tennessee</u>		
FATHER	13. NAME <u>David F. Deaderich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonestown Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Jane Haynes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bristol Tennessee</u>	
17. INFORMANT <u>Mrs. T. Gibson Browne</u> (ADDRESS) <u>43 Picardy Lane</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine Cem.</u> DATE <u>Oct. 10, 1933</u>		
19. UNDERTAKER <u>Geo. L. Plitchek Inc.</u> (ADDRESS) <u>6966 Easton Ave</u>		
20. FILED <u>10-9-</u> 19 <u>33</u> <u>Wella Gray, M.D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1933, to 10-8, 1933  
 I last saw him alive on 10-8, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
44  
Arterio Sclerosis type  
 Other contributory causes of importance:  
1  
 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 \_\_\_\_\_  
 (Signed) C. D. Wells, M. D.  
 (Address) 6118 Easton

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.

NOV 10 1933

Dr. W. C. C. C.