

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

Do not use this space.

**1. PLACE OF DEATH**

County Saint Louis Registration District No. 791  
Township Saint Louis Primary Registration District No. 1003  
City Saint Louis (No. Galvante Hosp.)

File No. 22040  
Registered No. 5793  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna M. Carr  
(a) Residence, No. 2519 Bacon St., 11 Ward.

Length of residence in city or town where death occurred 2 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh M. Carr

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1872

to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>3</u>	<u>-</u>	<u>-</u>	<u>-</u>

Crown Thrombosis  
1934  
131

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. at home  
10. Date deceased last worked at this occupation (month and year) June 1, 1934  
11. Total time (years) spent in this occupation 2

Other contributory causes of importance:  
Chronic Parenchymatous Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Saint Louis  
Illinois

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

13. NAME Michael W. Ready

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis  
Illinois

15. MAIDEN NAME Louisa Plappert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Saint Louis  
Illinois

17. INFORMANT Mrs. Elizabeth Hagen  
(ADDRESS) 449 Belmont

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Holy Cross DATE June 13, 1934

19. UNDERTAKER St. M. Medical  
(ADDRESS) 411 N. 2nd St. St. Louis Mo.

20. FILED \_\_\_\_\_ 19. J. J. Beedick  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Harold P. Blum  
(Address) 11134

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

