

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.

SEP 21 1934

28909

1. PLACE OF DEATH

County Country Registration District No. 312  
Township St. Louis Primary Registration District No. 5431A  
City St. Louis (No. 4188) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 36

2. FULL NAME

Anna Caroline Gregory  
(a) Residence, No. King City, Mo. Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR, OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1875  
7. AGE YEARS 59 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.  
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.  
10. Date deceased last worked at this occupation (month and year) April 19, 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Country, Mo.

MOTHER 13. NAME Wm. Loert

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

15. MAIDEN NAME Barbara Huber

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

17. INFORMANT Claude Gregory  
(ADDRESS) King City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City, Mo. DATE Aug 29, 1934

19. UNDERTAKER (ADDRESS) R. Maggart  
King City, Mo.

20. FILED Sept 10, 1934 A. V. Paulette  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to Aug. 27, 1934  
I last saw her alive on August 27, 1934 Death is said to have occurred on the date stated above, at 11:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver Date of onset \_\_\_\_\_  
Abdominal Ascites  
Other contributory causes of importance: \_\_\_\_\_  
Paracentesis Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? July 19

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) J. M. Auten  
(Address) King City, Mo.

Aug 26  
Aug 24  
Aug 20  
Aug 18  
Aug 12  
July 25  
July 19

