

WHITE 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 25 1934

30689

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
2 Township Central Primary Registration District No. 60338
5 City Clayton (No. 6519 San Bonita Ave) St. _____ Ward _____

File No. _____
Registered No. 275

2. FULL NAME Anna Henrietha Rhodius

(a) Residence, No. 6519 San Bonita Ave St. _____ Ward _____
(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 Female W 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/17/1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Ohio

13. NAME Karl Schlee

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Flora Rhodius
(ADDRESS) 6519 San Bonita Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 8/17/34

19. UNDERTAKER Robert J. Leubrecht
(ADDRESS) 6633 Clayton Road

20. FILED 8/16 1934 Robt J Leubrecht
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15th 19 34

22. I HEREBY CERTIFY, That I attended deceased from January 4th 1934, to Aug 15th 1934
I last saw h. e. alive on Aug 14th 1934. Death is said to have occurred on the date stated above, at 12.45 a.m.
The principal cause of death and related causes of importance were as follows:

Pyloric Obstruction of Stomach Acute
50
1180 50
Other contributory causes of importance: Metastatic Carcinoma of Stomach (Original site of Carcinoma Rt Breast)
Date of onset 8/12/34

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys findings Was there an autopsy? _____

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? h.u.
If so, specify August E. Neelmann, M. D.
(Signed) _____ (Address) 16194 Delaware Blvd

