

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

Do not use this space.

MAR 25 1935

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**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, (No. 219 Nagel Ave.)..... Registered No. 1413  
St. .... Ward.....

**2. FULL NAME** Anna Good

(a) Residence, No. 219 Nagel Ave., St. 1 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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Good

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 2 28

OCCUPATION 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) St. Louis, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Adam Kircheis

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

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY)

17. INFORMANT Louise Galiano  
(ADDRESS) 219 Nagel Ave.

18. BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem. Feb. 11, 1935

19. UNDERTAKER J. B. Hebbert and Co.  
(ADDRESS) 2842 W. Main St.

20. FILED FEB 10 1935 J. F. Predeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Feb. 8, 1935

I last saw her alive on Feb. 8, 1935 Death is said

to have occurred on the date stated above, 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation none Date of.....

What test confirmed diagnosis?..... 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) Terrie McFarlane, M. D.

(Address) 2025 2nd St.

