

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

Do not use this space.

MAR 28 1935

7679

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 6248H
 City St. Louis R. H. St. Mary Hospital St. _____ Ward _____

2. FULL NAME

Anna Bookath
 (a) Residence, No. 1005 Guyer 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 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) April 30 - 1851
 7. AGE YEARS 83 MONTHS 9 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
 10. Date deceased last worked at this occupation (month and year) 60 11. Total time (years) spent in this occupation some

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER FATHER
 13. NAME August Bookath

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

15. MAIDEN NAME Just known

16. BIRTHPLACE (CITY OR TOWN) Just " (STATE OR COUNTRY)

17. INFORMANT Catherine Becker (ADDRESS) 1005 Guyer Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Canal DATE Feb 14 1935

19. UNDERTAKER J. M. G. L. Co (ADDRESS) 2630 Ferguson

20. FILED 2/12 1935 Beatrice Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 12, 1935. I last saw h. or alive on Feb 11, 1935. Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis & arteriosclerosis Date of onset 1810
 Other contributory causes of importance: Inter-osteal fracture of right hip Jan. 27

Name of operation none Date of _____
 What test confirmed diagnosis? any 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? If so, specify _____
 (Signed) Wm. J. Wolfawa, M. D.
 (Address) 3804 Watlington Ave.

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.

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1. PLACE OF DEATH

County St. Louis
Township ..
City .. (No.) St. Ward ..

Registration District No. 1170
Primary Registration District No. 6248H

File No. 7679-
Registered No.

2. FULL NAME

Anna Bockroth

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

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

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19 ..

19. UNDERTAKER (ADDRESS)

20. FILED 2/12 1935 Gertrude Porter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from .., 19 .., to .., 19 ..

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Intertrich water for a chore on hip.
Fracture from a fall out of bed at home.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed)....., M. D.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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