AUG - 5 1937

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

Do not use this space.

25466

1. PLACE OF DEATH

County 1 Registration District No. 791 File No.

Township Primary Registration District No. 1903 Registered No. 6640

City ST. LOUIS (No. DEACONESS HOSP St. Ward)

2. FULL NAME ANNA GRAUBNER

(a) Residence, No. 1420 BREMEN St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 85 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 24, 1845

7. AGE: 35 YEARS: 91 MONTHS: 6 DAYS: 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN GERMANY

FATHER

13. NAME: PETER POTHOFF
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN GERMANY

MOTHER

15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN GERMANY

17. INFORMANT (ADDRESS): MRS. BERTHA VAHRENHOLD 1420 BREMEN

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. PETERS DATE JULY 12, 1937

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED JUL 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/9/ 1937

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 8:30 A.M. m.

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

Bronchial Pneumonia
Fracture of right femur suffered when she tripped & fell over a rug at her home on June 18 1937 at about 2:30 P.M.

Other contributory causes of importance:

Name of operation ..... 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? Accident Date of injury 6/18/ 1937

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury 4 See Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

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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