

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

Do not use this space.
28781

1. PLACE OF DEATH **SEP 10 1937**
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No.) **City Sanitarium** St. **7414** Ward

2. FULL NAME **Anna Follmer**
 (a) Residence, No. **921 Allen Ave.** St. **23** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 **Frank Follmer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 6, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 - 29

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. **Housework at home**

10. Date deceased last worked at this occupation (month and year) **1934** 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 24, 1936**, 19....., to **Aug. 3, 1937**, 19.....
 I last saw her alive on **Aug. 3, 1937**, 19..... Death is said to have occurred on the date stated above, at **11 P. m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis-12-24-36 Date of onset

Other contributory causes of importance:
Malignancy of Large Intestine and vertebral column -7-19-37 x
primary seat unknown

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Jordan Kelling**, M. D.
 (Address) **City Sanitarium**
5th down, mo.

12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) **Austria Hungary**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) **Unknown Hungary**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) **Unknown Hungary**

17. INFORMANT **Jordan Kelling, M.D.**
 (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New St Marcus** DATE **9/6/37**, 19.....

19. UNDERTAKER **Will Bros & Co.**
 (ADDRESS) **2929 S. Jefferson**

20. FILED **AUG 5 1937**
J. J. Bredeck
 Registrar.

OCCUPATION
 FATHER
 MOTHER

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.

59 29 1934

NOV 19 1954
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

RECEIVED
NOV 19 1954

TO : SAC, NEW YORK
FROM : SAC, PHOENIX
SUBJECT: [Illegible]

RE: [Illegible]

MEMO

FOR THE INFORMATION OF THE SAC, NEW YORK, IT IS ADVISED THAT [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]