

REC'D SEP 12 1938

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

27392
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis,** (d) Street No. **1906 Sidney St.** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **7406**

2. PRINT FULL NAME **Louisa E. Anna** **587**

(a) Residence, No. **1906 Sidney St.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **John Anna**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 14, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 **8** **6**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
9. Industry or business in which work was done, as 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) **St. Louis, Mo.**

FATHER 13. NAME **John Frederick**

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

MOTHER 15. MAIDEN NAME **Katherine Schneider**

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

17. INFORMANT **Chas. Anna**
(ADDRESS) **1906 Sidney St.**

18. BURIAL, CREMATION, OR REMOVAL **Innocent Cemetery**
PLACE **Columbia, Ills.** DATE **Aug. 23, 1938**

19. FUNERAL DIRECTOR **J. H. Hubben & Co.**
(ADDRESS) **2630 Gravois Ave.**

20. FILED **AUG 22 1938**
J. F. Bredes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 20 - 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 30, 1938, to August 20, 1938**
I last saw her alive on **August 20, 1938** Death is said to have occurred on the date stated above, at **3:45 P.M.**

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

Carcinoma of Liver
Primary seat unknown
Other contributory causes of importance:
H/E

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? **No.**
If so, specify **Grant Mueller**, M. D.
(Signed) **Grant Mueller**
(Address) **3548 Osceola St.**

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.

I X12004

3548 Arsenal St.

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)