

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

PLACE OF DEATH

County _____

Township _____

or Village _____

or City St. Louis

Registration District No. _____

Primary Registration District No. 1003

751

File No. 8483

Registered No. 1804

(No. 1917)

E. Warne

St. 4th

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Anna Mary Walker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH February 16th, 1911
(Month) (Day) (Year)

DATE OF BIRTH May 16th, 1840
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 4th, 1911, to February 16, 1911, that I last saw her alive on February 15th, 1911, and that death occurred, on the date stated above, at 12⁴⁵ Am.

AGE 70 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Pulmonary Emphysema

OCCUPATION (a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

113
9781
(Duration) 2 yrs. 3 mos. 10 ds.
Contributory Arterio Sclerosis
(SECONDARY) (Duration) 2 yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) Germany

NAME OF FATHER Henry Hussman

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) George H. Kuper M. D.
February 17, 1911 (Address) 5222 North 20th

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bud. Walker

(ADDRESS) 1917 E. Warne, Apt. 2

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

Filed FEB 17 1911 W. Wheeler Bond REGISTRAR

PLACE OF BURIAL OR REMOVAL Caboury Cemetery DATE OF BURIAL Feb. 18, 1911
UNDERTAKER G. Becker ADDRESS 4438 N. 9th

N. H.—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.

11-10-1941