

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24059 ~~24150~~

PLACE OF DEATH
County St. Louis
Township " " " " " "
or " " " " " "
Village " " " " " "
or " " " " " "
City " " " " " " (NO. " " " " " " St. " " " " " " Ward)

Registration District No. 780 File No. _____
Primary Registration District No. 6025 Registered No. 29

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

FULL NAME Matie Anubrecht

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Indian
(If "M" the word)
DATE OF BIRTH Over known, 1838
(Month) (Day) (Year)
AGE 74 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

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

PARENTS
NAME OF FATHER Augustus Anubrecht
BIRTHPLACE OF FATHER Germany
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Lucia Overman
BIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) MA Anubrecht
(ADDRESS) St. Louis Co, Mo

Filed July 11, 1912 H. J. Meyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,

and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Apoplexy or Hypoplectic stroke.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Heart Failure
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John Koetting Corcoran M.D.
July 11, 1912 (Address) St. Louis, Mo.

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

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 _____

PLACE OF BURIAL OR REMOVAL Valley View, Mo DATE OF BURIAL July 12, 1912

UNDERTAKER John Baly St. Louis, Mo. ADDRESS _____

