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

Do not use this space.

2607

1. PLACE OF DEATH

County..... Registration District No. 791 File No.

Township..... Primary Registration District No. 1003 Registered No. 163

City St Louis mo. (No. Barnes Hospital St. Ward)

2. FULL NAME Anna Cherbonnier (ANNA CHERBONNIER)

(a) Residence. No. Ferguson Mo St. 12 Ward. Ferguson Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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: Edward Cherbonnier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5, - 1859.

7. AGE: Years 67. Months 3. Days X. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Geo S. Case

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): New York.

12. MAIDEN NAME OF MOTHER: Sally Camden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky.

14. INFORMANT: E. J. Cherbonnier
(Address) #345 Darst, Rd.

15. FILED JAN -5 1927, 19 Max C Starkoff, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 4 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-22, 1926, to 1-4, 1927, that I last saw h 22 alive on 1-4, 1927, and that death occurred, on the date stated above, at 11 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of 2nd 3rd 4th 5th & 7th Dorsal Vertebrae. - Acute Pancreatitis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Pulmonary Oedema

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. H. Heidemann, M. D.

1-4, - 1926 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory

DATE OF BURIAL: 1-7, - 1927.

20. UNDERTAKER: C. R. Lupton

ADDRESS: 4449 Olive

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.