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

Do not use this space.

9588

File No. 2097

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 8323 S. Broadway St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Anna Singer

(a) Residence. No. 8323 S. Broadway St., 1 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas Singer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	13	

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)

(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Stauder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Chas Goldrecht

(Address) 8323 S Broadway

15. FILED MAR 7 1927, 19 Mauls Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1927

17. I HEREBY CERTIFY, That I attended deceased from 26 Feb Jan, 1927, to March 1, 1927, that I last saw h. alive on 1 March, 1927, and that death occurred, on the date stated above, at 3-55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of Heart

60d

(duration) 1 yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Exophthalmic Goitre

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Rodelsen, M. D

March 7, 1927 (Address) 7310 Michigan ave

*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 Mount Olive — DATE OF BURIAL 3/4 1927

20. UNDERTAKER Southern — ADDRESS 7315 S Bway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD