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

Do not use this space.
10118

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 3938 So. Broadway St. ..... Ward)

File No. ..... Registered No. 2659

2. FULL NAME Anna Dienstbach

(a) Residence. No. 3938 So. Broadway St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer) Business
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER Franz Weiss

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 Wm T. Dienstbach
(Address) 1243 Amherst Place

15. FILED ..... 19 ..... Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1926, to March 18th, 1927, that I last saw her alive on March 17th, 1927, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CARCINOMA OF BLADDER

..... (duration) 1 yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) INANITION

..... (duration) — yrs. 3 mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? YES DATE OF 3-17-26

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? OPERATION

3/18, 1927 (Signed) Max E. Starkoff, M. D.
(Address) 1405 S. Broadway

*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 St. Paul's Churchyard — DATE OF BURIAL Mar. 20 1927.

20. UNDERTAKER Ziegenheim Bros. — ADDRESS 2623 Cherokee 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.

THIS IS A PERMANENT RECORD