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

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 23008

Township ..... Primary Registration District No. 1003 Registered No. 6689

City St. Louis (No. 905 Lami ..... St. ..... Ward)

2. FULL NAME Anna Hanselmann

(a) Residence. No. 905 Lami St., 23 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15-1868.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	11	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Chas. Breens

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 George Hanselmann (Address) 905 Lami St.

15. FILED JUL 23 1927, 19..... Mark C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-20th. 1927

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to July 20, 1927 that I last saw her alive on July 19, 1927, and that death occurred, on the date stated above, at 7.15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 D

97 Hemiplegia

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

CONTRIBUTORY (SECONDARY) arterio sclerosis

..... (duration) ..... yrs. — mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

7/22, 1927 (Signed) E. Bene, M. D (Address) North Bway

*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 New St. Marcus

DATE OF BURIAL July-23-1927

20. UNDERTAKER Wacker-Helderle

ADDRESS 2331 S. Bdway