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

Do not use this space.

29027

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8611

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Anna Geldmacher

(a) Residence. No. 3140a S. Compton St., 16 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 6 1878

7. AGE: Years 49 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(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: Herman Hennes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mathilda Hahn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Otto Geldmacher
(Address) 3140a S. Compton

15. FILED SEP 27 1927 Max C. Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1927, to 9/25, 1927, that I last saw her alive on 9/24, 1927, and that death occurred, on the date stated above, at 5:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 C.C. Embolism of Coronary
94B artery
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Operation for Gall stones
..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/12

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. Cloew, M.D.

9/27, 1927 (Address) 1807 S 18

*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: Mo. Crematory
DATE OF BURIAL: Sept 28 1927

20. UNDERTAKER: Wm Schumacher.
ADDRESS: 3013 Meramec

Resumed of Gall Bladder

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

1807 & 18[illegible] [illegible]
10 to 12