1012 Geyer Ave

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

Do not use this space.

35445

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10631

Township..... Primary Registration District No. 1003 Registered No. 10631

City St Louis (No. 2628 So 11th St St. ..... Ward)

2. FULL NAME Anna G Held

(a) Residence. No. 2628 So 11th St St., 73 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	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Held

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Germany

PARENTS

10. NAME OF FATHER John Held

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT Herman Held Jr.
(Address) 2628 So 11th St Louis Mo

15. FILED NOV 27 1927 Max B Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from October 26 1927, to November 26, 1927 that I last saw he alive on November 26, 1927, and that death occurred, on the date stated above, at 1220 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hydropsia
(duration) yrs. 3 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) Herbert Reidere, M. D
Nov 27, 1927 (Address) 1012 Geyer Av

*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: SS Peter & Paul Cem — DATE OF BURIAL: 11-29-27

20. UNDERTAKER: Wick Bros. — ADDRESS: 2201 So Grand Blvd

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.