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

Do not use this space.

File No. 18912

Registered No. 5319

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. 11008

City St. Louis Mo. (No. 1423 Destrehan St. St. ..... Ward)

2. FULL NAME Anna Mahne

(a) Residence. No. 1423 Destrehan St., 9 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 - 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	29	

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) Germany.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Dont know.

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

12. MAIDEN NAME OF MOTHER Dont know.

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

14. INFORMANT William Mahne
(Address) 1423 Destrehan St.

15. FILED MAY 15 1928 Mary C. Starling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to May 13, 1928 that I last saw h. e. alive on May 12, 1928 and that death occurred, on the date stated above, at 7:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93 (Chronic)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NB
..... (duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. W. Schaub, M. D.
May 14, 1928 (Address) 2302 Sulis Bouyle

*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 Bellefontaine — DATE OF BURIAL May 16 1928

20. UNDERTAKER Hy Leidner Und Co — ADDRESS 1417 N. Market St.

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.