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

Do not use this space.

21859

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003 File No. 5978

City St Louis (No. Missouri Baptist San, St. ..... Ward) Registered No. .....

2. FULL NAME Anna Mauschardt

(a) Residence. No. 2901 Marcus St., 10 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	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Albert Mauschardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Home
(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 Albert Kunstek
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Magdena Magel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Albert Mauschardt
(Address) 2901 Marcus Ave

15. FILED JUN - 1 1928 19 Mary C Stanfield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from May 13 c, 1928, to June 1st, 1928, that I last saw Dec. alive on June 1st, 1928, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

53 E
Colo B Cancer of Thyroid
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Goiter Exophthalmic
(duration) 17 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) Joseph M. Tracy, M. D
June 2nd 1928 (Address) 4488 Westminster Place

*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	DATE OF BURIAL
Valhalla Cemetery	June 4 1928
20. UNDERTAKER Uhlmann Hauck	ADDRESS 1905 Olive

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.

PERMANENT RECORD