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

Do not use this space.

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 25784

Township ..... Primary Registration District No. ..... Registered No. 7609

City St. Louis (No. 6108, Prescott Ave. St. ..... Ward)

2. FULL NAME Anna Mahlin

(a) Residence. No. 6108 Prescott Ave. St. 9 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 26, 1865

7. AGE: Years 62 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At 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): St. Louis Mo

PARENTS

10. NAME OF FATHER: John Kleinberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Minnie Siebrauss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Christ G. Mahlin
(Address) 6108 Prescott Ave.

15. FILED 11 24 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to July 21, 1928, that I last saw her alive on July 21, 1928, and that death occurred, on the date stated above, at 12 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Spleen and Liver
53E
46E
(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49
(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) Seth P. Smith, M. D.
July 22, 1928 (Address) 4500 Clarence

*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: Friedens
DATE OF BURIAL: July 24 1928

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 3900 West Carter Av.

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