WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 3010 S. Gran

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.

3-4 p.m.

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

Do not use this space.

28880

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28880

Township ..... Primary Registration District No. 1003 Registered No. 8383

City St. Louis Mo (No. 2811 Henrietta St. ..... Ward)

2. FULL NAME Anna K. Schott

(a) Residence. No. 2811 Henrietta St., 23 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: Conrad Schott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1882

7. AGE: About 46 Years; Months: Unknown; Days: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Ibsen's Co
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

PARENTS

10. NAME OF FATHER: Henry P. Lauck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown Burk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Conrad Schott
(Address) 2811 Henrietta

15. FILED AUG 17 1928, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-16-1928

17. I HEREBY CERTIFY, That I attended deceased from August 16th, 1928, to Aug. 16th, 1928 that I last saw her alive on Aug. 16th, 1928, and that death occurred, on the date stated above, at 11.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy
8 2 A (duration) ..... yrs. ..... mos. ..... ds. about 3 hrs.

CONTRIBUTORY (SECONDARY) 7401 (duration) ..... 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? Usual physical
(Signed) [signature], M. D
, 19 (Address) 3010 S. Grand, Blvd

*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: Calvary Cem. DATE OF BURIAL: 8-20-1928

20. UNDERTAKER: Peetz Bros. ADDRESS: 3029 Lafayette

3 - 4 p.m