

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

34955

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City of St. Louis)

File No.
 Registered No. 9928
 St. Ward)

2. FULL NAME

Annig Watson
 (a) Residence, No. 7200 Hall St. St. 8 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 OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-1855

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ____ hrs. or ____ min.
<u>73</u>	<u>18</u>	<u>3</u>	<u>3</u>	

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

10. NAME OF FATHER Raymond Hacknai

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

12. MAIDEN NAME OF MOTHER Margaret Cole

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

14. INFORMANT (Address) Annig Watson
City of St. Louis

15. FILED CC1-9 1928 19. Marb Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 6 1928 to Oct 7 1928 that I last saw him alive on Oct 7 1928 and that death occurred, on the date stated above, at 10:00 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90RB (duration) yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H. Westerman M.D.
10/8 28 (Address) City of St. Louis

*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 new Riverview DATE OF BURIAL Oct 10 1928

20. UNDERTAKER Eg Schum ADDRESS 3125 Lafayette

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.

Watson