

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

Do not use this space.

35526

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 6353 Clayton Ave) St. _____ Ward _____
 Registered No. 10588

2. FULL NAME

Ann M. Conwell
 (a) Residence, No. 6353 Clayton St., X 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Widow
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
86 10 7
 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) Ohio
PARENTS
 10. NAME OF FATHER Unknown Rogers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT Bilena Kirk
 (Address) 6353 Clayton Ave
 15. OCT 29 1928 FILED 19 Mo. & St. Louis

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-28 1928
 17. I HEREBY CERTIFY, That I attended deceased from 10-27, 1928, to 10-28, 1928 that I last saw h. s. alive on 10-28, 1928, and that death occurred, on the date stated above, at 3 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
91 9/16
1620 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. da.

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?
 (Signed) J. J. Sheets, M. D.
10-78, 1928 (Address) 14575th Chouteau

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Ills DATE OF BURIAL Oct 29 1928
 20. UNDERTAKER Sanhusta and Co ADDRESS 4234

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.

