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

Do not use this space.

35662

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10752

Township ..... Primary Registration District No. 1003 Registered No. 10752

City St. Louis (No. 5361 Maffitt Ave. St. ..... Ward)

2. FULL NAME Anna Just

(a) Residence. No. 5361 Maffitt Ave. 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Just.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 24-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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: Hy. Johanningmeier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Mr. E. H. Just
(Address) 2520 W. Dodier St.

15. FILED ..... -2, 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Oct 31, 1928, that I last saw her alive on Oct 23, 1928, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
92.A
..... (duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 900
..... (duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Joe R. Hamlin, M. D.

11/1, 1928 (Address) 1259 N. Kingshighway

*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: Zions Cemetery
DATE OF BURIAL: 11-3 1928

20. UNDERTAKER: Geo. L. Aleitsch
ADDRESS: 5966 Easton ave

WHITE PERMIT, 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.

[illegible]

8 to 9.30 [illegible] 7[illegible]