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.

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

Do not use this space.

38301

1. PLACE OF DEATH

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

Township..... Primary Registration District No..... Registered No. 10955

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Fanny C Anslyn

(a) Residence. No. 5366 Wabada St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. If Married, Widowed, or Divorced HUSBAND OF ~~(or) WIFE OF~~ Helen Anslyn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1870

7. AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
58	5	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tool Setter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fayette Plumb Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Theodore Anslyn

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

12. MAIDEN NAME OF MOTHER Emma Weilebrand

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

14. INFORMANT Mrs. Helen Anslyn
(Address) 5366 Wabada

15. FILED NOV 7, 1928 Max C. Starkloff Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 6, 1928 that I last saw ~~he was~~ alive on Nov 6, 1928, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* WAS AS FOLLOWS:

Pancreatic Stone

Hepatitis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinomatosis Peritonei

Diabetes (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 25, 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Pathologist

(Signed) J. J. Bonner, M. D.

, 19 (Address) 517 Rennert Bldg

*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	DATE OF BURIAL
Memorial Park Cem.	Nov. 9, 1928
20. UNDERTAKER	ADDRESS
Oelhmann Haual	1905 Union

[illegible] Caemer
4915 Lindell
~~Lindell~~ 2099
Delmar
[illegible] 1800

~~[illegible]~~
10 - 1 30

517 Beaumont
Medical Bldg

before or
[illegible] back