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

Do not use this space.

3370

1. PLACE OF DEATH
County St. Louis
Township Central
City
Registration District No. 789
Primary Registration District No. 6033B
(No. 6469 Wells Ave. St. Ward)
File No.
Registered No. 36

2. FULL NAME Anna Oswitz
(a) Residence. No. 6469 Wells Av. St., 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Oswitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	~~64~~	8	14	

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) Austria

PARENTS
10. NAME OF FATHER Chas. Shower
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT Henry Oswitz
(Address) 6469 Wells Ave.

15. FILED 1/31, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-2, 1928, to 1-29, 1929, that I last saw her alive on Jan 28, 1929, and that death occurred, on the date stated above, at 4:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
- Carcinoma Liver -
44B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Don't Know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Clarence G. Drum, M.D.
1/30, 1929 (Address) 1927 Union

*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 Mt. Sinai Cemetery
DATE OF BURIAL Jan. 31 1929

20. UNDERTAKER H. Rindskopf
ADDRESS 5216 Delmar

96
0
0
233
3
3
3

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.