

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

Do not use this space.

4792

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townships..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. Sanitarium) St. 13 (Ward)

File No.....  
 Registered No. 1484

**2. FULL NAME**

Anna Kaul  
 (a) Residence. No. 1942 Sullivan Ave. 13 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 10 1859</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>20</u>	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... Unknown  
 (STATE OR COUNTRY)..... Denmark

PARENTS	10. NAME OF FATHER..... <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Germany</u> (STATE OR COUNTRY).....
	12. MAIDEN NAME OF MOTHER..... <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Germany</u> (STATE OR COUNTRY).....

14. INFORMANT..... Dr. Joseph A. Scopelate  
 (Address)..... St. Louis City Sanitarium

15. FILED JAN 31 1928 BY Max C. Stankoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929  
 17. I HEREBY CERTIFY That I attended deceased from Jan 23, 1929, to Jan 30, 1929  
 that I last saw her..... alive on Jan 30, 1929, and that death occurred, on the date stated above, at 10:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia

1070  
1000 (duration) yrs. mos. 7 da.  
 CONTRIBUTORY (SECONDARY).....  
 (duration) yrs. mos. da.

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

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS..... Clinical

(Signed) Joseph A. Scopelate, M. D.

1/30 1929 (Address) St. Louis City Sanitarium

\*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..... St. Peters  
 DATE OF BURIAL..... Feb. 2 1929

20. UNDERTAKER.....  
 ADDRESS..... 1417

By Leidner Mnd Co. N. Market St.

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.

