

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

Do not use this space.

8075

1. PLACE OF DEATH

County.....
 Township *St. Louis*
 City *St. Louis*

Registration District No. *791*
 Primary Registration District No. *1003*

File No.....
 Registered No. *1727*
 St. Ward)

2. FULL NAME

Anelia Hippler
 (a) Residence. No. *4750 1/2 Alabama Ave* St. *15* Ward.
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 3rd 1929*

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

17. I HEREBY CERTIFY, That I attended deceased from *Feb. 1 1929* to *Feb 3 1929* that I last saw her alive on *Feb 2nd 1929*, and that death occurred, on the date stated above, at *6:20 P.M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 12th 1860*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 - 22

Lata Communis
 (duration) yrs. mos. ds. *4*

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

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

9. BIRTHPLACE (CITY OR TOWN) *St. Genevieve Mo.* (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. *no*

10. NAME OF FATHER *Mathew Klein*

DID AN OPERATION PRECEDE DEATH. *no* DATE OF

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

WAS THERE AN AUTOPSY? *no*

12. MAIDEN NAME OF MOTHER *Unknown*

WHAT TEST CONFIRMED DIAGNOSIS. *General finding*
 (Signed) *Notis J. Pless*, M. D.

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

2/4/1929 (Address) *506 Olive St*

*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.

14. INFORMANT *Emil Weppler* (Address) *4750 1/2 Alabama*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Genevieve Mo.* DATE OF BURIAL *Feb. 6th 1929*

15. FILED *1929* *Mer C. Stanley* REGISTRAR

20. UNDERTAKER *Wm. Schumacher* ADDRESS *3013 Meramec*

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.

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