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.

8194

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1841

City St. Louis. (No. 1621 South 10th Street. St. ..... Ward)

2. FULL NAME Anna Schaefer.

(a) Residence. No. 1621 S. 10. Street St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26.1854.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	6	11	

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) St. Louis, Mo..

PARENTS

10. NAME OF FATHER Joseph Hanses.

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

12. MAIDEN NAME OF MOTHER Catherine Reiss

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

14. INFORMANT George A. Schaefer
(Address) 1621 So. 10th St.

15. FILED FEB -8 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2/7

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1928, to Feb 7, 1929, that I last saw her alive on Feb 7, 1929, and that death occurred, on the date stated above, at 12.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 12.30 AM

Asthma non Tubercular

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 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) Emil Simon, M. D

Feb 8, 1929 (Address) 1835 S 11 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
SS. Peter & Paul Cemetery	Feb. 9 1929

20. UNDERTAKER J H Gebhardt & Co ADDRESS 2842 Meramec

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