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

Do not use this space.

8621

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 1219 a S. Broadway St. ..... Ward)

File No. .....

Registered No. 2292

2. FULL NAME Anna Osborne

(a) Residence. No. 1219 a S. Broad St., 22 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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-23-1894

7. AGE: Years 34 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomdale, Mo.

PARENTS

10. NAME OF FATHER: Louis Ratty

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

12. MAIDEN NAME OF MOTHER: Dina LaRose

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

14. INFORMANT: Emery Osborne (Address) 1219 a S. Broadway

15. FILED FEB 19 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-18-1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Feb. 18, 1929, that I last saw her alive on Feb. 17, 1929, and that death occurred, on the date stated above, at 7.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Pulmonary 23A

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(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) Edward Wenger M.D.

2-19, 1929 (Address) 2002 S. Bdwy

*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: New St. Marcus Cem.

DATE OF BURIAL: 2-20-1929

20. UNDERTAKER: Peetz Bros. 3029

ADDRESS: Laf. Ave.

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 - 12 a.m., 3 - 4.30 p.m.