

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

Do not use this space.

19842

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 1422 Ferry St.)

File No. ....  
Registered No. 5457  
St. .... Ward)

**2. FULL NAME**

Anna Mary Hain  
(a) Residence. No. 1422 Ferry St., 9 Ward. (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 <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 <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 20. 1858</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER Fredrick Ficken  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bremen  
(STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Mary Mueller  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) " "

14. INFORMANT Ethel Hain  
(Address) 1422 Ferry St

15. MAY 17 1929 FILED 19 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16. 1929  
17. I HEREBY CERTIFY, That I attended deceased from May 14. 1929 to May 15. 1929 that I last saw h. alive on May 15. 1929, and that death occurred, on the date stated above, at 12:15 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of stomach  
450/11/11  
12/1/11 (duration) 1 yrs. mos. ds.  
CONTRIBUTORY Gall stones  
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at place of death  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Subjective symptoms  
(Signed) Dr. S. J. ..., M. D.  
5-16, 1929 (Address) 1414 Franklin ave

\*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 Bethlehem DATE OF BURIAL May 18, 1929

20. UNDERTAKER Shed Meyer & Sons ADDRESS 3934 N. 20

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.

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