

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

Do not use this space.

28933

File No. 8035
Registered No.
St. Ward)

1. PLACE OF DEATH

County..... Registration District No. 1791
Township..... Primary Registration District No. 1000
City *St. Louis* (No. *6111 Ella Ave.*)

2. FULL NAME

Anna Belle Stillman
(a) Residence, No. *6111 Ella Ave.* St. *6* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Stillman</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>April 26, 1870</i>		
7. AGE YEARS <i>59</i>	MONTHS <i>3</i>	DAYS <i>7</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Housework</i> (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)
N. Orleans

10. NAME OF FATHER
John Kuthan

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

12. MAIDEN NAME OF MOTHER
Josephine Hugunier

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

14. REPORTING PARTY (Address)
*Mrs. Josephine C. Weiss
6111 Ella Ave.*

15. FILED *1929* REGISTRAR
Gas. W. Clark

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 2, 1929*

17. I HEREBY CERTIFY, That I attended deceased from *7-28* 19*29* to *Aug 2nd* 19*29* that I last saw her alive on *8-1* 19*29* and that death occurred, on the date stated above, at *8:20 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) *diabetes Mellitus* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *usual*
(Signed) *W. J. Gallagher* M. D.
(Address) *University Club Bldg*

*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
Zion Cem. DATE OF BURIAL *Aug. 5, 1929*

20. UNDERTAKER
Gas. W. Clark ADDRESS *1125 Hodiamont Ave.*

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.

