96

OCT. 24 1929

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

Do not use this space.

31774

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 154
City — (No. Rott, Rd. Kirkwood, R.F.D. 12 St. Ward)

2. FULL NAME Aimee. W. Saner.
(a) Residence. No. Rott, Rd. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Arthur. Ward. Saner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23, -1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	00	19	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

PARENTS
10. NAME OF FATHER Louis. Witney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna. Nulsen.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cincnnati

14. INFORMANT Dr Arthur W. Saner
(Address) Rott, Rd. Kirkwood, Mo. R.F.D. 12

15. FILED 10/10, 1929 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12, -29 19

17. I HEREBY CERTIFY, That I attended deceased from Jany, 1921, to Sept 12, 1929 that I last saw her alive on recently, 1929 and that death occurred, on the date stated above, at 10.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis Agitans
X 7 B

(duration) 9 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY) General asthma

(duration) 7 yrs. — mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Louis
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry J. Schenck M.D.
Sept 13, 1929 (Address) 849 Century Bldg. St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla, Crematory. — DATE OF BURIAL 9/14/29 19

20. UNDERTAKER Louis. H. Bopp. — ADDRESS Kirkwood, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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