

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

Do not use this space.

14834

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 4715 Beacon)

File No.....

Registered No. **4247**

St. Ward)

2. FULL NAME Annie K. Kiessling

(a) Residence. No. 4715 Beacon St., 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	2	5	

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John Gibson
(Address) 4245 Superior

15. FILED Apr 28 1930 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1928 to Apr 25 1930. that I last saw her alive on Apr 25 1930, and that death occurred, on the date stated above, at 7 A m.

50 THE CAUSE OF DEATH* WAS AS FOLLOWS:
53E
Carcinoma of Left Breast
(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) General Secondary Carcinoma (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 1928

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Open of Mar 1928
(Signed) J. S. Burkhardt M. D.

2644 1930 (Address) 5142 Maple 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 New St. Margue DATE OF BURIAL 4/21 1930

20. UNDERTAKER Ortlen, Kelly ADDRESS 4524 Easton

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.

