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

Do not use this space.

18030

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5963 Wells Ave St. ..... Ward)

File No. .....

Registered No. 5184

2. FULL NAME David Anslyn

(a) Residence. No. 5963 Wells Ave St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Mamie Anslyn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	9	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Moving Picture Operator

(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) Missouri

PARENTS

10. NAME OF FATHER Girard Anslyn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER [illegible]

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) [illegible]
(STATE OR COUNTRY)

14. INFORMANT Mrs Mamie Anslyn
(Address) 5963 Wells Ave

15. FILED MAY 27 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 12. 16, 1928, to 5. 25, 1930 that I last saw him alive on 5. 25, 1930, and that death occurred, on the date stated above, at 10 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphosarcoma of l. breast

50

47B (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Metastasis in mediastinum (duration) — yrs. 4 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopical examination

(Signed) Dr Hermann Maas, M. D.

, 19 (Address) 520 Metropolitan 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	DATE OF BURIAL
Memorial Park Cem.	5-28 1930
20. UNDERTAKER	ADDRESS
Geo. L. Cleitsch	5966 Easton Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.