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

Do not use this space.

24710

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis (No. 4307 Eichelberger av. St. ..... Ward)

File No. ..... Registered No. 6869.

2. FULL NAME Anna Bullmer

(a) Residence. No. 4307 Eichelberger 15 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework 131 HCE
(b) General nature of industry, business, or establishment in which employed (or employer) at Home 93
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Hy. Holzgreve

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Amelia Bullmer
(Address) 4307 Eichelberger av

15. FILED JUL 14 1930, 19.. Ray C. Jordan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 12, 1930, that I last saw her alive on July 12, 1930, and that death occurred, on the date stated above, at 3:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Carcinoma of Liver
(2) Myocarditis Chronic
(3) Nephritis Chronic

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (1) 1 year. (2) 2 mo
(3) 6 months (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?
WHAT TEST CONFIRMED DIAGNOSIS? X Ray, Lab & Clinical

(Signed) John L. Connell, M. D.
July 13 1930 (Address) 5005 A Joplin

*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
Mo. Crematory	July 14 1930
20. UNDERTAKER	**ADDRESS**
Wooden-Heldrich	2331 S. Jefferson

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.

THIS IS A PERMANENT RECORD