

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St Louis*

Registration District No..... *791*  
Primary Registration District No..... *1003*  
(No. *DePaul, Hospital*)

File No. *34623*  
Registered No. *10005*  
St. .... Ward

**2. FULL NAME**

*Anna Erger*  
(a) Residence. No. *1417 Sallibury* St., *76* 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 10<sup>th</sup> 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
*about 44 5 11*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Seamstress 180*  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer *Graud Leader Dry Goods*

9. BIRTHPLACE (CITY OR TOWN) *Austria Hungary*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Peter Ebert*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Austria Hungary*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Katharina Ebingen*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Austria Hungary*  
(STATE OR COUNTRY)

14. INFORMANT *Joseph Ebert*  
(Address) *1417 Sallibury St.*

15. FILED *OCT 21 1937* *Max G Starkoff*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *10/21 1930*

17. *No Physicians in attendance*  
I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Shock & Burns*  
*1st 2nd & 3rd degree*  
*Received while climbing with*  
*ladder, at residence*  
*at 7:45 PM 10/19/30*

CONTRIBUTORY (SECONDARY) *Accident*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Building damaged by fire*

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *John Purdy* M.D.

*10/21/1930* (Address) *Deputy Coroner*  
\*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 *Calvary Cemetery* DATE OF BURIAL *Oct 22 1930*

20. UNDERTAKER *Edward Tsch* ADDRESS *3826 41st*

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.

