

**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. 947- Dover Place)

File No. 37791  
Registered No. 10897  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Anna M. Carthy  
(a) Residence. No. 947 Dover Pl. St. 1 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 Daniel M. Carthy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
59 8 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(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

10. NAME OF FATHER George Rieth

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

12. MAIDEN NAME OF MOTHER Katherine Graft

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

14. INFORMANT Katherine Elbreder (Address) 947 Dover Place

15. FILED NOV 18 1930 Walter Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from November 18, 1930 to November 17, 1930 (that I last saw her alive on Nov. 17, 1930, and that death occurred, on the date stated above, at 10:00 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Myocarditis

18. A Diabetes Mellitus (duration) yrs. mos. ds. 3  
CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 6

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical, clinical, laboratory findings

(Signed) M. N. Walden, M. D.

11/18, 1930 (Address) 360 8th Grand 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 St. Ram DATE OF BURIAL Nov 20 1930

20. UNDERTAKER Wacker-Helderle ADDRESS 2331-S Bldg

