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

Do not use this space.

40581

File No. .....
Registered No. 65

1. PLACE OF DEATH
County St. Louis
Township City Central
City Maplewood Mo (No. ....., ... St. ..... Ward)

Registration District No. 786
Primary Registration District No. 4469

JAN 22 1931

2. FULL NAME Anna Michel
(a) Residence. No. 2624 Hope St., ... 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Mrs. B. Schmidt

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) not Known

PARENTS
10. NAME OF FATHER not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not Known
12. MAIDEN NAME OF MOTHER not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not Known

14. INFORMANT John T. Michel
(Address) 2624 Hope St. Maplewood

15. FILED 12/3, 19 30 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930, to Dec 11, 1930 that I last saw her alive on Dec 11, 1930, and that death occurred, on the date stated above, at 7.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
42 B
94 A
..... (duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Endocarditis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? NW
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Joseph McKearney, M. D.
12/13, 1930 (Address) 7171 Manchester Maplewood

*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
Old St. Marcus Cem	Dec 15 1930
20. UNDERTAKER	**ADDRESS**
Grogan Und Co.	7146 Manchester

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.