

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

Do not use this space.

4040

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1009  
City St. Louis No. Lutheran Hospital

File No. ....  
Registered No. 1299  
St. .... Ward)

**2. FULL NAME**

Anna Detzer  
(a) Residence. No. 3440 Hartford St., 16 Ward. (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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Detzer</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 19, 1874</u>					
7. AGE YEARS <u>56</u>		MONTHS <u>11</u>		DAYS <u>24</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife 235</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

PARENTS	10. NAME OF FATHER <u>Joseph Rankau</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Eva Belak</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	

14. INFORMANT Mildred Detzer  
(Address) 3440 Hartford St.

15. FILED FEB -2 1931 Max H. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1931 to January 30 1931 that I last saw h. or alive on January 30 1931 and that death occurred, on the date stated above, at 5:42 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Peritonitis - Acute - General

12 1/2 (duration) yrs. mos. ds.  
12 1/2  
12 1/2  
12 1/2

CONTRIBUTORY (SECONDARY) Appendicitis - Acute  
Gangrene (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH St. Louis

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 27, 1931  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. & Laboratory  
(Signed) J. Lewis Hutton M. D.  
Jan 31, 1931 (Address) 3400 California

\*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 Our Redeemer Cemetery DATE OF BURIAL 2-2 1931

20. UNDERTAKER Rosyshauser & Co ADDRESS 4228 Kingsley Highway

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

3400 Baby 2-2