

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

Do not use this space.

6993

MAR 27 1931

1. PLACE OF DEATH

County St. Louis
Township 10th ME
City No. 114 East Hancock Ave

Registration District No. 1223
Primary Registration District No. 6000 E
St. St. Ward

File No.
Registered No. 64

2. FULL NAME

Anna S. Milne

(a) Residence. No. 114 East Hancock St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1848

7. AGE YEARS 83 MONTHS 0 DAYS 14 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Harry Milne
(Address) 114 East Hancock Ave

15.

FILED Feb 27 1931 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1931 to Feb 15 1931
that I last saw her alive on Feb 12 1931, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
according to history & personal knowledge (duration) 1 yrs. 15 mos. 15 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. H. Tate, M. D.

, 19 (Address) 9439 Edgar Ave

*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

Wesleyan Cemetery 2-18 1931

20. UNDERTAKER

ADDRESS

Kuegshausen U. Co 1st Knight Highway

WRITE PLAIN INK WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Volmerau
12103