WRITE PLAINLY, 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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7528

Township ..... Primary Registration District No. 1003 Registered No. 1876

City St Louis (No. 4406a Laclede Ave St. ..... Ward)

2. FULL NAME Anne M Meiser

(a) Residence. No. ..... St., 18 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Lewis J Meiser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Ohio

PARENTS
10. NAME OF FATHER James Stinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Annie Farley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Lewis J. Meiser
(Address) 4406a Laclede Ave

15. FILED FEB 13 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 7th, 1931 to Feby 11th, 1931 that I last saw her alive on Feby 10th 1931, and that death occurred, on the date stated above, at 1210 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible] (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) La Grippe Cold (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH At her home

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pronounced on

(Signed) J. T. Coraghan, M. D.

Feby 11, 1931 (Address) 2806 N. Grand av

*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
Calvary Cemetery	2/13 1931
20. UNDERTAKER	ADDRESS
Arthur J Donnelly Undt Co	2039 Wash St