

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

Do not use this space.

7651

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
**1003**  
Township..... Primary Registration District No.....  
City **St. Louis**, (No. **St. Luke's Hosp.**)

File No. ....  
Registered No. **2012**  
St. .... Ward)

**2. FULL NAME**

**Anna Pearl Zook**  
(a) Residence. No. **4047 1/2 Olive St** **19** 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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Archie B. Zook**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 15, - 1897**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<b>33</b>	<b>6</b>	<b>29</b>	

**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) **231**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Northview, Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **M. M. Pryor**

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

12. MAIDEN NAME OF MOTHER **unknown**

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

14. INFORMANT **Archie B. Zook**  
(Address) **4047 1/2 Olive St**

15. FILED **15 1931** **W. C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 14, 1931**

17. I HEREBY CERTIFY, That I attended deceased from **July 8**, 19**31**, to **July 14**, 19**31**, that I last saw him alive on **July 14**, 19**31**, and that death occurred, on the date stated above, at **3:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Intestinal Obstruction**  
(duration) yrs. mos. ds. **6**  
CONTRIBUTORY **Adhesions from a former**  
(SECONDARY) **Operation for non Malignant tumor**  
(duration) yrs. mos. ds. **of Ovary + Tuba**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, DATE OF **2-13-31**  
DISEASE OPERATIONS PRECEDING DEATH

WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **W. S. Brown**, M. D.  
**2-14, 1931** (Address) **402 Well Bldg**

\*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 **Valhalla Lane** DATE OF BURIAL **2-17, 1931**

20. UNDERTAKER **L. R. Duxton** ADDRESS **4444 Elm Street**

CAUTION: 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.

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