

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

Do not use this space.

26478

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 2339 E, So. 7th, St.)

File No.....

Registered No. 7630

St. Ward

2. FULL NAME Anna Menneke

(a) Residence, No. 2339 E So. 7th St. St. 23 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
80 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry Menneke (ADDRESS) 2339 E So. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Lutheran DATE July 9 '31

19. UNDERTAKER Geigand & Bros (ADDRESS) 2023 Cherokee St

20. FILED LL-8 1-31-19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 - 1931

22. I HEREBY CERTIFY, that I attended deceased from Feb 8, 1928 to July 6, 1931

I last saw her alive on July 6, 1931 Death is said

to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset Feb 8 1928

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Ex. hist. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. E. Turek, M. D.

(Address) 3014 So Jefferson

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.

MARGINAL RESERVE FOR BINDING

V.S. NO. 2.

