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

Do not use this space.

29332

1. PLACE OF DEATH
County St. Louis Co. Registration District No. 1123 File No.
Township CARONDELET Primary Registration District No. 6248 B. Registered No. 292
City Koch (No. Koch Hosp. St. Ward)

2. FULL NAME Anna Koering
(a) Residence. No. 3148 Shenandoah St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 25 193

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.

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 Frank Koering

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	37	2	—	

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) Granada
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Sol Bragg
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas.
12. MAIDEN NAME OF MOTHER Lucinda Williamson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Koch Records
(Address) Koch Mo.

15. FILED Aug. 5, 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4 - 1931

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1929, to Aug. 4, 1931 that I last saw her alive on 8-4-, 1931, and that death occurred, on the date stated above, at 9 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) 2 yrs. 3 mos. 11 ds. +

CONTRIBUTORY (SECONDARY) 23B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John J. Ryan, M. D.
8-5-, 1931 (Address) Koch Hospital

*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
Bethany Cem	8-6 1931
20. UNDERTAKER	ADDRESS
Tanner Und	St Louis Mo