V. S. No. 2. MARGIN RESERVED FOR BINDING

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.

35771

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 10275

City St. Louis (No. City Hospital St. ..... Ward)

8241

2. FULL NAME Anna Dickinson

(a) Residence, No. Little sisters of the poor 20 St. ..... Ward
(Usual place of abode) 2209 Hebert (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — I. L. Dickinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 - 1841.

7. AGE About YEARS 90 MONTHS 5 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) St Louis Missouri

FATHER

13. NAME Joseph Le Fleur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Virginia Leson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 7 1931

19. UNDERTAKER (ADDRESS) Peltz Bros 3029 Lafayette Ave

20. FILED OCT -6 1931 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1931, to Oct. 4, 1931

I last saw her alive on Oct. 4, 1931. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

| | Date of onset |
|---|---|
| Carcinoma of left orbit | — |
| Fibr myocarditis | |

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? Autopsy 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 ....., 19.....

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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) City Hospital