

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

Do not use this space.

38954

1. PLACE OF DEATH

County..... Registration District No. 792
Township..... Primary Registration District No. 7003
City St. Louis (No. 2147, E. Hair ave) St. Ward)

File No.
Registered No. 11075

2. FULL NAME

Anna Essendorf
(a) Residence, No. 2147 E Hair St. 9 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lawrence Essendorf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 1889</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 Mo

MOTHER FATHER 13. NAME
Hendrick Stalze

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

MOTHER 15. MAIDEN NAME
Theresa Deucher

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

17. INFORMANT (ADDRESS)
Lawrence Essendorf

18. BURIAL, CREMATION, OR REMOVAL PLACE
Culinary DATE
Nov 5 1931

19. UNDERTAKER (ADDRESS)
E. J. C. Larson

20. FILED NOV - 3 1931 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Nov 2, 1931. I last saw her alive on Nov 2, 1931. Death is said to have occurred on the date stated above, at 12¹² P.M. The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Sept 2 1931
468
Other contributory causes of importance:
Acute Endocarditis April 2 1931

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify (Signed) J. E. Beck M. D.
(Address) 415 S. W. Harrison St.

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.

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF CALIFORNIA
SAN FRANCISCO
JANUARY 10 1900
TO THE
COMMISSIONERS OF THE
LAND COMMISSION
SACRAMENTO
RE: [Illegible]

[Handwritten signature]

