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

Do not use this space.

2727

1. PLACE OF DEATH

County ..... Registration District No. 491 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 428

City ..... (No. 3674 Cook Ave St. ..... Ward)

2. FULL NAME Anna Fornachon

(a) Residence. No. 3674 Cook Ave St., 11 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	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 Arnold Fornachon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Switzeland 26

PARENTS

10. NAME OF FATHER Benedect Aegerter

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

12. MAIDEN NAME OF MOTHER Elizabeth Huber

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

14. INFORMANT Arnold Fornachon
(Address) 3674 Cook Ave

15. FILED JAN 14 1932 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 12, 1932 that I last saw her alive on Jan 12, 1932, and that death occurred, on the date stated above, at 10 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

8 yrs

97 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 4 yrs. 1 mos. 1 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 findings

(Signed) W E Holdenried, M. D.

1/14, 1932 (Address) 4500 a Virginia

*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
St Peter Cemetery	1-15 1932

20. UNDERTAKER	ADDRESS
Geo E Mahler 4725 St Louis Av	

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.