

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.

2998

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 1324) McCausland St. 4 Ward

File No.....
 Registered No. 726

2. FULL NAME

Anna Frederick
 (a) Residence, No. 1324 McCausland St., 4 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13, 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>—</u>
	DAYS <u>8</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>at Home</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) <u>Jan 1, 1932</u>	
	11. Total time (years) spent in this occupation <u>82</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia, Mo.</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> 31	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Bernard Summels</u> (ADDRESS) <u>1324 McCausland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn</u> DATE <u>Jan 23, 1932</u>		
19. UNDERTAKER <u>A. W. M. Talbot</u> (ADDRESS) <u>1624 Madison</u>		
20. FILED <u>Jan 23, 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1931, to Jan. 21, 1932
 I last saw her alive on Jan. 21, 1932 Death is said to have occurred on the date stated above, at 11:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Chronic Vascular Disease
 Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Exam Where an autopsy? No

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 (D)
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) E. Lee Shrader, M. D.
 (Address) Beaumont Bldg.

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