

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

Do not use this space.

6806

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... First Registration District No. 60133
City St Louis Mo. (No. St Luke Hospital)

File No.
Registered No. 1885
St. Ward)

2. FULL NAME

Anne Grganowan Mack
(a) Residence, No. 400 S. Oakwood Rd St. 12 Ward. Stifwood Mo
(Usual place of abode) Nor. Rindbergh River (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 <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>H.E. Mack</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15 1867</u>				
7. AGE YEARS <u>64</u>	MONTHS <u>3</u>	DAYS <u>11</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. <u>235</u>			
	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) <u>South Amboy N.J.</u>				
MOTHER FATHER	13. NAME <u>Ambrose Grganowan</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
	15. MAIDEN NAME <u>Constance Rossau Gordon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beverly N.J.</u>			
17. INFORMANT <u>H.E. Mack</u> (ADDRESS) <u>400 S. Rindbergh River</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem</u> DATE <u>2-28-1932</u>				
19. UNDERTAKER <u>Rouis H. Papp</u> (ADDRESS) <u>Stifwood Mo</u>				
20. FILED: <u>27 1932</u> <u>Mack</u> Registrar.				

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7- 31, to 2-26- 32

I last saw her alive on 2-20- 1932 Death is said to have occurred on the date stated above, at 4 A.M.

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

Cholecystitis ac. Date of onset 12-7-31
Cholelithiasis
ac Suppurative nephritis, 2-25-32
(from path. exam.) 1932

Other contributory causes of importance:
Chc. myocarditis - 12/21/31
932

Name of operation Chc. cholecystomy + drainage Date 1-14-32

What best confirmed diagnosis? Chc. Myo. Exam. Was there an autopsy? Partial

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 (C)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify H. A. Gradwohl M. D.
(Address) 17 E. Oakwood - Stifwood Mo

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.

