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

Do not use this space.

14164

File No.

Registered No. 3496

1. PLACE OF DEATH

County

Registration District No. 787

Township

Primary Registration District No. 1103

City St. Louis Mo (No. 2709 Chippewa St. Ward)

2. FULL NAME Anna Robertson

(a) Residence, No. 2709 Chippewa St., 24 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1879

7. AGE: YEARS 52 | MONTHS 9 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Ill

FATHER

13. NAME Jacob Dietrich

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

MOTHER

15. MAIDEN NAME Marie Schiffelbecker

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

17. INFORMANT Alexander Robertson
(ADDRESS) 2709 Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE April 9, 1932

19. UNDERTAKER Carlstrom Fred C.
(ADDRESS) 4232 Shenandoah Ave

20. FILED ....., 19.... Geo C. Stanley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1932, to March 30th, 1932

I last saw h. alive on March 30th, 1932. Death is said to have occurred on the date stated above, at 4:25 P.m.

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

	Date of onset
Carcinoma of Neck	about 3 yr [illegible]

Other contributory causes of importance:

Name of operation Specimen for Biopsy Date of 2-24-32

What test confirmed diagnosis? Laboratory Was there 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William T. Murphy M. D.

(Address) City Hospital City Hospital Staff Physician

Filed [illegible]

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD