

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

Do not use this space.

20978

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Missouri Baptist Sanitarium.**)

File No.....

Registered No. **5477**

St. .... Ward

**2. FULL NAME** Annabelle C. Schneus

(a) Residence, No. 6344 Clayton Rd. 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 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 2 35  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1  
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) Warsaw Illinois

FATHER 13. NAME Peter Appel

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

MOTHER 15. MAIDEN NAME Unk. Sheffling

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

17. INFORMANT Edwin D. Schneus (ADDRESS) 645 Lockwood St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6/10/32

19. UNDERTAKER Robert J. Ambryster Jr. (ADDRESS) 6623 Clayton Rd.

20. FILED 1932 May 27 Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/3 - 1932, to 6-8 - 1932. I last saw h. or alive on 6-7 - 1932. Death is said to have occurred on the date stated above, at 6 a. m.

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

Pernicious Anemia  
7/10  
9/1/31

Other contributory causes of importance: None  
Name of operation..... None Date of.....  
What test confirmed diagnosis? Blood 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) O. O. Smith, M. D. (Address) 536 N. Taylor Ave.

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.

U. S. NO. 2. \* MARK IN REVERSED FOR BINDING

