

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.
24866

1. PLACE OF DEATH

County..... Registration District No. **701**
 Townshp. **St. Louis Mo.** Primary Registration District No. **2053**
 City..... **St. Louis Mo.** (No. **Sanitarium**)..... St. Ward)

File No. **7037**
 Registered No.
 St. Ward)

2. FULL NAME

Anna Kracke
 (a) Residence, No. **3601 Page** **Bl.** **13** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **44** yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 17, 1855</i>				
7. AGE	YEARS <i>77</i>	MONTHS <i>4</i>	DAYS <i>13</i>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unknown</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>"</i>			
	10. Date deceased last worked at this occupation (month and year) <i>Unknown</i>		11. Total time (years) spent in this occupation <i>Unknown</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown Germany</i>				
MOTHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>J. Verneuil MD 5400 Arsenal</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Mo.</i> DATE <i>July 30, 32</i>				
19. UNDERTAKER (ADDRESS) <i>Obbels New St Wash. Mo.</i>				
20. FILED <i>Til 25 1932</i> 19 <i>July 27 1932</i> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29, 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 1, 1930* to *July 29, 1932*
 I last saw *her* alive on *July 29, 1932* Death is said to have occurred on the date stated above, at *1309*.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis July 1, 1930
107A 930
117
 Other contributory causes of importance:
Pneumo Pneumonia July 26, 1932
Arterio Sclerosis July 24, 1932
General July 24, 1932

(Name of operation) Date of
 What test confirmed diagnosis? *Ⓛ* Was there an autopsy?

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?
 If so, specify
 (Signed) *Julius L. Verneuil M. D.*
 (Address) *5400 Arsenal*

