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.

SEP 21 1932

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

Do not use this space.

25594

1. PLACE OF DEATH

16 County Cape Girardeau Mo — Registration District No. 125 — File No.

Township " " — Primary Registration District No. 3009 — Registered No. 206

1 City " " (No. 141, South Henderson St. Ward)

8 2. FULL NAME Mrs Anita Loos

(a) Residence, No. 141 So Henderson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mr Albert Loos.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 28 - 1904

7. AGE: YEARS 28 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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): Cape Girardeau Mo

FATHER

13. NAME: Louis Brunke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

MOTHER

15. MAIDEN NAME: IDA Klaproth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County Mo

17. INFORMANT (ADDRESS): Mr Albert Loos, 141 South Henderson

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Lorimer Cemetery DATE: August 25, 1932

19. UNDERTAKER (ADDRESS): Brinkopp - Howell, Cape Girardeau - Mo

20. FILED: 8-25-1932 W C Kaempfer (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1932, to 8/23, 1932

I last saw him alive on 8/23, 19.... Death is said to have occurred on the date stated above, at 4:04 P.M.

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

Date of onset

Ch. Cardiac Valvular Disease

92 A

Other contributory causes of importance: None

Name of operation ① Date of

What test confirmed diagnosis? 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) [signature], M. D.

(Address) Cape Girardeau Mo