

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

Do not use this space.

27382

**1. PLACE OF DEATH**

County ..... Registration District No. *101*  
Township *St Louis* Primary Registration District No. *103*  
City *St Louis* (No. *St Luke's Hos*)

File No. ....  
Registered No. *7173*  
St. .... Ward)

**2. FULL NAME**

*Anna M. Klosterman*  
(a) Residence, No. *4863 San Francisco St* Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |
|---|--|---|
| 3. SEX<br><i>Female</i>   | 4. COLOR OR RACE<br><i>White</i>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><i>Geo J Klosterman</i> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><i>Sept 28 1884</i>                          |  |   |
| 7. AGE  | YEARS<br><i>47</i>   | MONTHS<br><i>10</i>   |
|   | DAYS<br><i>6</i>   | IF LESS THAN 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.<br><i>Home Wife</i> |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><i>235</i>               |   |
|   | 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)<br><i>St Louis 1</i>                   |  |   |
| FATHER  | 13. NAME<br><i>Patrick J Hopkins</i>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Ireland 15</i>  |   |
| MOTHER  | 15. MAIDEN NAME<br><i>Ann Downey</i>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Ireland</i>   |   |
| 17. INFORMANT (ADDRESS)<br><i>Geo J Klosterman 4863 San Francisco</i>                   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL   |  |   |
| PLACE   | <i>Calvary</i>   | DATE <i>5-5-32</i>  |
| 19. UNDERTAKER (ADDRESS)<br><i>Harrison Sheehan 4415 Washington</i>                     |  |   |
| 20. FILED <i>UR -3 1932</i> <i>Map O. Warkley</i><br>Registrar                          |  |   |

**MEDICAL CERTIFICATE OF DEATH**

*4*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 3 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 14 1931* to *Aug. 3 1932*

I last saw her alive on *Aug. 2 1932*. Death is said to have occurred on the date stated above, at *145 a.m.*

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

*Chronic Valvular Heart Disease Syphilitic (Aortic Regurgitation)* Date of onset *April 1924*

Other contributory causes of importance:  
*Chronic Myocarditis*  
*Chronic Nephritis* *34-34 131 92A Apr. 1931*

Name of operation *None* Date of .....  
What test confirmed diagnosis? *Kahn* 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) *Hiram S. Lizzett* M. D.  
(Address) *3720 Washington Blvd - St Louis*

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.

12.