

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

Do not use this space.

27705

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. Missi
City St. Louis, Mo (No. City, Jefferson)

File No.....
Registered No. 7530
St..... Ward.....

2. FULL NAME Anna C. Can diff

(a) Residence, No. 1916 Franklin Ave St. 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-8-1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 3

MOTHER / FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs M E Flinger
(ADDRESS) 5800 Franklin St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cem DATE Aug 18 1932

19. UNDERTAKER (ADDRESS) J. H. Gebben & Co
1842 Broadway

20. FILED AUG 17 1932
W. C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932, to Aug 12 1932.
I last saw h^{er} alive on Aug 12 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Chronic Myocarditis Date of onset
930
10
Other contributory causes of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....
Where did injury occur? no
(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 none

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) RH Moore, M. D.

(Address) 5800 Arsenal

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.

