

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

Do not use this space.

30752

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo (No. Barnes Hospital)

File No.....
Registered No. 8428
St. Ward)

2. FULL NAME Anna Louise Fitzroy Fitz-Roy

(a) Residence, No. 6318 Cates Ave St. 12 Ward. St. Louis Mo. 64110
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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 Joseph M. Fitz-Roy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>4</u>	<u>21</u>		

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 1

FATHER 13. NAME Solomon K. Lawrence

14. BIRTHPLACE (CITY OR TOWN) Livingston County N.Y. (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Zelina E. Maxwell

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) 1

17. INFORMANT Mimmie Lawrence (ADDRESS) 6318 Cates

18. BURIAL, CREMATION, OR REMOVAL PLACE Delissountain DATE 9-21 1932

19. UNDERTAKER Alexander and Sons (ADDRESS) 6125 Delissountain

20. FILED SEP 20 1932 Max E. Starck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-17-1932 to 9-18-1932
I last saw her alive on 9-18-1932 Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

① Pneumonia T & G
Tuberculosis
② cardiac failure
③ emphysema
Other contributory causes of importance:
23A
116B 23 1

Name of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. Smith, M. D.
(Address) Barnes Hospital

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.

