N. B.—[illegible] should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[illegible] 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.

34210

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9568

City St Louis (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Anna M Ley

(a) Residence, No. 5343 Greer St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jacob J. Ley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 53E

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER

13. NAME John B Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 101

MOTHER

15. MAIDEN NAME Elizabeth Grabler

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

17. INFORMANT (ADDRESS) Edward Ley 5343 Greer Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Oct 29 1932

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union

20. FILED OCT 28 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Oct 26, 1932

I last saw her alive on Oct 26, 1932. Death is said to have occurred on the date stated above, at 8 10 p.m.

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

	Date of onset
Tuberculous pyonephrosis (left) auto-nephrectomized.	?
Atrophic pyelonephritis (right)	?
Chronic myocarditis	?

Other contributory causes of importance:
Disseminated tuberculosis.
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? N.P.N. Was there an autopsy? Yes

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) H. G. Newman, M. D.
(Address) St. Luke's Hospital

N. B.—Every item of information should be carefully supplied. AGE should be [illegible] PHYSICIANS should [illegible] CAUSE OF DEATH in [illegible] properly classified. Exact [illegible] OCCUPATION is very impor[illegible]

REGISTRARS SH[illegible] CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. 9568

City St Louis Mo (No..... St. ..... Ward)

2. FULL NAME Anna M Ley

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED DEC 23 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26th 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 - 1932, 19.., to Oct. 26, 1932 that I last saw her alive on Oct. 26, 1932, and that death occurred, on the date stated above, at 8 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Primary seat unknown
Carcinomatosis
Chr. Fibrous Myocarditis

..... (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. G. Newman, M. D

, 19 (Address) St. Luke's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

(1)

S-34210