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.

JAN 5 1933

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

Do not use this space.

37084

96 1. PLACE OF DEATH

County ..... Registration District No. 1170

Township ..... Primary Registration District No. 6248 H

City St Louis (No. St Marys Hosp ..... St. ..... Ward)

File No. .....

Registered No. 243

Richmond HS

2. FULL NAME Anna May Carson

(a) Residence, No. 3509 N 11 St., ... Ward. St Louis Mo
(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26-1881

7. AGE YEARS 51 MONTHS 6 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St Louis Mo

FATHER

13. NAME Michael Stack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 28

MOTHER

15. MAIDEN NAME Margaret Brunnen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT (ADDRESS) Jay W. Carson 3509 N 11th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Nov 25 1932

19. UNDERTAKER (ADDRESS) John L Zeigenhend Son 7027 Arsenal Av

20. FILED 11/26 1932 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/25/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1932, to 11/25/32, 19

I last saw her alive on 11/25, 1932. Death is said to have occurred on the date stated above, at 2:20 p.m.

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

Lobular Pneumonia — Date of onset 11/22

133A

107A

135B

133

1

Other contributory causes of importance:

Abscess Kidney

Pyelitis Cystitis

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

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) James P Slade M. D.

(Address) 1004 Mo Theatre Bldg