

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

Do not use this space.

41824

1. PLACE OF DEATH

County..... Registration District No. 707

Township..... Primary Registration District No. 1002

City St. Louis (No. City Hospital)

File No.
Registered No. 10912
St. Ward)

14362

2. FULL NAME Anna Franz
(a) Residence, No. 3725 Junney St. Ward 11
(Usual place of abode)
Length of residence in city or town where death occurred Life 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1850

7. AGE YEARS 82 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

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

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

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 (STATE OR COUNTRY) Missouri

MOTHER 13. NAME John Hartman

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 10 1932

19. UNDERTAKER Seaghty 2nd Co (ADDRESS) 425 1/2 E. 11th St

20. FILED DEC -9 1932 W. C. Harlow Registrar

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1932 to Dec. 8th 1932
I last saw her alive on Dec. 8th 1932 Death is said to have occurred on the date stated above, at 11.15 a.m.
The principal cause of death and related causes of importance were as follows:

Pt. Pulmonary Embolism
131
930
1118 131
Other contributory causes of importance:
Arterio-sclerosis
Ch. Myocarditis
Ch. Interstitial Nephritis

Name of operation none 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 (D)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Maurice A. Debe, M. D.
(Address) City Hospital #1

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.

