

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1103
 City St. Louis. (No. St. Luke's Hospital. St. Ward)

41924

File No.
 Registered No. 11014

2. FULL NAME Anna T. Dreesmann

(a) Residence, No. St. 12 Ward. St. Joseph, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1880.</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>5</u>
		DAYS
		<u>15.</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>	
	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, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME John Dreesmann.

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

MOTHER 15. MAIDEN NAME Thekla Klaus.

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

17. INFORMANT (ADDRESS) John Dreesmann
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Dec. 12, 1932.

19. UNDERTAKER (ADDRESS) J. N. Gibbons & Co.
12842 Grand St.

20. FILED DEC 12 1932
W. C. Frank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1932 to Dec 17, 1932
 I last saw her alive on Dec. 9, 1932 Death is said to have occurred on the date stated above, at 6:45 A. M.
 The principal cause of death and related causes of importance were as follows:

Chronic medullary carcinoma
92A
92B
92C
 Other contributory causes of importance:
Valvular Disease
Heart

Date of onset 12 yrs ago
severe chest-
 food

Name of operation No 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) Edward S. Smith M. D.
 (Address) 3720 Washington Ave

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.

