

**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. 709
Township..... Primary Registration District No. 709
City, St. Louis Mo. (No. 4127, Cook

File No. 3269
155
Registered No. ave St Ward

2. FULL NAME

Annie Josephine Spain
(a) Residence. No. 4127 Cook ave Ward. 11

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25th 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
50 7 7

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Emil Stoeffler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Herman Mo. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Herman Mo. (STATE OR COUNTRY)

14. INFORMANT Floyd Spain (Address) 4127 Cook ave

15. FILED Jan - 29 1938 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1938

17. I HEREBY CERTIFY, That I attended deceased from only in last hour of illness 19... that I last saw h. 22 alive on Jan 2, 1938, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure from
myocarditis chronic

CONTRIBUTORY (SECONDARY) BC (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? no
WHAT TEST CONFIRMED DIAGNOSIS? symptoms
(Signed) Conrad L. Epperson, M. D.
, 19 (Address) 4011 Chouteau

*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 Father Dickson Cem DATE OF BURIAL Jan 6 1938

20. UNDERTAKER Ethel M. Tyler. ADDRESS 3029 Caroline

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.

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