

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

Do not use this space.

7866

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. 3817, Wilmington St. _____ Ward _____)

File No. _____
 Registered No. 1837

2. FULL NAME Mrs. Anna Kriwitzki
 (a) Residence, No. 3817 Wilmington St. 1 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John Kriwitzki
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 66 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Unknown Germany

13. NAME Ferdinand Gleiforst

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

15. MAIDEN NAME Barbara Dittmann

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

17. INFORMANT Mr. Harry T. Lundy
 (ADDRESS) 3817 Wilmington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Cemetery DATE 2/24 1933

19. UNDERTAKER Beidermiller Funeral Home, Inc.
 (ADDRESS) 1936 Pelouze Ave

20. FILED FEB 23 1933 Wilmington Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1933
22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1931, to 2/22, 1933
 I last saw him alive on 2/22, 1933. Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:
Chc. Myocarditis
930
97
102
930
 Other contributory causes of importance:
Atherosclerosis and Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Jean J. Meyer MD, M. D.
 (Address) 25900 Marquette

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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 10
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