

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

Do not use this space.

17562

1. PLACE OF DEATH

County St. Louis Registration District No. 786
 Township Central Primary Registration District No. 4469
 City Maplewood No. 7310^e, Manchester Ave. St. _____ Ward _____

2. FULL NAME Anna Suttmoeller

(a) Residence, No. 7310^e Manchester St. Ward _____
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1858
 7. AGE YEARS 74 MONTHS 9 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
 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) St. Louis Mo.

13. NAME James Forsyth

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

15. MAIDEN NAME Anna Shavin

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

17. INFORMANT Chas. Langelle
 (ADDRESS) 7310 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE May 27 1933

19. UNDERTAKER Croghan Tnd. Co inc
 (ADDRESS) 7146 Manchester Ave.

20. FILED May 25 1933 Mercedes Scheuster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to May 24th 1933
 I last saw her alive on May 24th 1933 Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute cholangitis Date of onset 5/18/33
Chronic myocarditis 5/20/31
 Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (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) J. Gallagher M. D.
 (Address) 302-303 Waver Bldg

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.

MAY 23 1933

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