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

Do not use this space.

File No. 24464

Registered No. 5838

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2133 California Av, St. ..... Ward)

2. FULL NAME Anna S. Heinzen

(a) Residence, No. 2133 California St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 22-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	3	9	

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. at Home

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) O' Fallon Ills.

FATHER

13. NAME John Feder.

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

MOTHER

15. MAIDEN NAME Victoria Hess.

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

17. INFORMANT Mrs. Louie Dryden.
(ADDRESS) 2133 California Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE July 4 1933

19. UNDERTAKER Peetz Bros
(ADDRESS) 3022 Lafayette Av

20. FILED JUL - 3 1933 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY, that I attended deceased from May 26 1933, to July 1 1933, I last saw h... alive on July 1, 1933. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
131	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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?
If so, specify

(Signed) W. A. Hyde, M. D.
(Address) Missouri Building, St Louis Mo

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Dr. R C. Harris
Monmouth Chatham Bldg