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.

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 File No. 24734

Township ..... Primary Registration District No. 1003 Registered No. 6136

City St. Louis Mo. (No. 3501, Illinois Ave. St. ..... Ward)

2. FULL NAME Anna Thirolf

(a) Residence, No. 3501 Illinois Ave St., NP Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Gabriel Thirolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15 - 1868

7. AGE: YEARS 65 MONTHS 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Ill.

FATHER

13. NAME: Michael Harting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mary Carrie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Gabriel Thirolf 3501 Ill. Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 15th 1933

19. UNDERTAKER (ADDRESS): Eigenheim Bros. 2623 Cherokee St.

20. FILED JUL 11 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933, to June 12, 1933

I last saw her alive on June 12, 1933. Death is said to have occurred on the date stated above, at 8:40 P. m.

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

	Date of onset
Chronic Myocarditis	3
131	
980	
99	
131	

Other contributory causes of importance:

Arterio Sclerosis + Interstitial Nephritis	3

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical + Chemical 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 .....

7/13 (Signed) Ann J. Smith, M.D.

(Address) 4930 Lindell Blvd