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.

24968

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. [illegible] Registered No. 6385

City St. Louis, Mo. (No. 3959 Forest Park Boulevard St. ..... Ward)

2. FULL NAME Anna Andre

(a) Residence, No. 3959 Forest Park Boulevard St., 18 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: Ed Andre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 27, 1870

7. AGE: YEARS 62 | MONTHS 9 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Illinois

FATHER

13. NAME: Henry Ahring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Henroetta (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ed Andre 3959 Forest Park Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zion DATE: July 25th, 1933

19. UNDERTAKER (ADDRESS): Weick Bros 2201 S. Grand Boulevard

20. FILED ..... 19 ..... J. S. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to July 21, 1933

I last saw her alive on ~~Mar~~ July 21, 1933. Death is said to have occurred on the date stated above, at 1:30 P. M.

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

	Date of onset
Chronic Pericarditis	3/15/33
131	
90B	

131

Other contributory causes of importance:

Chronic Interstitial Nephritis	3/15/33

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

What test confirmed diagnosis? Clinical Exam Was there an autopsy? no

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) Paul R Kornelman, M. D.

(Address) 3507 Potomac St

3567 Potomac