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.

NOV 10 1933

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

Do not use this space.

34681

File No. 8843

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No.

City St Louis (No. 2000 B Gravois Ave St. Ward)

2. FULL NAME Anna Garnett

(a) Residence, No. 2000 B Gravois 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: 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 Charles N Garnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1881

7. AGE: Years 51 | Months 11 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) St Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Buddenaeck

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Caroline Wipke

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

17. INFORMANT Charles N Garnett (ADDRESS) 2000 Gravois Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 10/13 1933

19. UNDERTAKER Arthur J Donnelly (ADDRESS) 3840 Bingell Bluff

20. FILED OCT 12 1933 J Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 6/15, 19..... 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:

	Date of onset
Sclerosis of Coronary	
Arteries.	
94B	

94B

Other contributory causes of importance:

8

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Harold A Delaney, M.D.

10/11/33 (Address) Dep Coroner

Coroners Office