

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

Do not use this space.

41787

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **100**
City **ST. LOUIS** (No. **1923**, **CHAUTEAU**)

File No.....
Registered No. **10829**
St. Ward)

2. FULL NAME ANNA CASTRO

(a) Residence, No. 1923 CHAUTEAU St. 27 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
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. ABOUT 58		
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) OHIO		
FATHER	13. NAME UNKNOWN	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN	
	15. MAIDEN NAME UNKNOWN	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN	
17. INFORMANT <u>Quintin Castro</u> (ADDRESS) <u>1923 Chauteau</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>DEC 18</u> 19 <u>33</u>		
19. UNDERTAKER <u>MOLLEN UND. CO</u> (ADDRESS) <u>5155 DELMAR BLVD</u>		
20. FILED <u>18 1933</u> <u>J. J. Bruders</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1933, to 12/17, 1933
I last saw her alive on 12/16, 1933 Death is said to have occurred on the date stated above, at 6:15 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Coronary sclerosis
Cholelithiasis
Date of onset

Other contributory causes of importance:
Colic
930
12/16

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?

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?.....
(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 Schwendler
(Signed) Schwendler, M. D.
(Address) 1004 a 105

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.

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