

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.

JAN 26 1934

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

Do not use this space.

42051

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. John Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 11105
Registered No. St. Ward)

2. FULL NAME Anna Wieggers

(a) Residence, No. 2150 Locust St., 217 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Wieggers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 - 1874</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>
		DAYS <u>25</u>
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Henry Schmalenbach</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
MOTHER	15. MAIDEN NAME <u>Maryquite Rolfes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
17. INFORMANT <u>A. A. Wieggers</u> (ADDRESS) <u>34133 Clara</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter - Paul</u> DATE <u>Dec 27</u> 19 <u>33</u>		
19. UNDERTAKER <u>J. H. Sebkun</u> (ADDRESS) <u>2630 Sprague</u>		
20. FILED <u>11 14 33</u> <u>J. J. Bredbeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 7:45 P.M. Physician in attendance

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Hernia of diaphragm
stomach in throat. Received
when struck by a Chevrolet
coupe in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a patient
210M

Name of operation Date of
210M

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? Accident Date of injury 11/23, 1933

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury struck by auto

Nature of injury Hernia of diaphragm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. H. Denny

(Address) St. Louis, Mo.

12/26/33

