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.

10653

File No. 2474

Registered No.

APR 25 1934

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. St. Anthonys Hospital St. Ward)

Registration District No. 1003 791

Primary Registration District No.

2. FULL NAME Anna Rampich

(a) Residence, No. 6217 Morganford Road St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Albert Rampich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) jan. 26th. 1872

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	1	10	

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. home

10. Date deceased last worked at this occupation (month and year) About 1 year ago

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) louisville kentucky

FATHER

13. NAME Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert Rampich
(ADDRESS) 6217 Morganford

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter & Paul DATE Mar. 13, 1934

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.

20. FILED MAR 12 1934, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1934, to March 8, 1934
I last saw her alive on March 8, 1934. Death is said to have occurred on the date stated above, at 7.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	6 mo
Carcinoma of Breast	8 mo

Other contributory causes of importance:

Name of operation Mastectomy Date of

What test confirmed diagnosis? 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) Julius Chas. Rotter, M. D.
(Address) 2603 Cherokee St.