

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

Do not use this space.

21854

1. PLACE OF DEATH

County St. Louis
Township
City St. Louis

Registration District No. 291
Primary Registration District No. 1003
(No. St. Anthony's Hospital)

File No. 5589
Registered No. 5589
St. _____ Ward

2. FULL NAME Mrs. Anna Oestringer

(a) Residence. No. Highland, Illinois St. N. R. 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) (OR) WIFE OF Julius Oestringer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 7 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perrion, Ill. Madison County
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joe Frey Ill.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MARDEN NAME OF MOTHER Christine Kasper
Christine Kasper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Julius Oestringer
(Address) Highland Ill.

15. FILED 1934 Jo. J. Bredech
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1934

17. I HEREBY CERTIFY, That I attended deceased from May 18 to June 3 1934 that I last saw him alive on May 20, 1934, and that death occurred, on the date stated above, at 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism cardiac
1290
927

CONTRIBUTORY (SECONDARY) Hysterectomy (for prolapse of uterus) (duration) yrs. mos. ds. 15 ds.

18. WHERE WAS DISEASE CONTRACTED Ill.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Henry M. D.
, 19 (Address) 2838 S Grand St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Perrion Ill. DATE OF BURIAL 6/6 1934

20. UMBERTAKER Louis Spengler ADDRESS Highland Ill.

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.

