

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.

AUG 16 1934

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

Do not use this space.

26711

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis (No. 4415, West Pine St. St. _____ Ward _____)

File No.....
Registered No. 6892

2. FULL NAME Anna L. Dill

(a) Residence, No. 4415 West Pine St. St. 19 Ward. _____ (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 Eugene Dill		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1859		
7. AGE	YEARS 74	MONTHS 11
	DAYS 12	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) New York		
MOTHER FATHER	13. NAME Joseph C. Mitchell	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York	
	15. MAIDEN NAME Rebecca J. Harriss	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York	
17. INFORMANT <u>Eugene Dill</u> (ADDRESS) <u>4415 West Pine St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weselyon Cem.</u> DATE <u>July 16th 34</u>		
19. UNDERTAKER <u>Drehrmann Haral</u> (ADDRESS) <u>1905 Union Blvd.</u>		
20. FILED <u>LL 13 1934</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1934, July 13, 1934, 1934.
I last saw her alive on July 12, 1934. Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
8211
97 8201
Other contributory causes of importance:
Arterio Sclerosis
10716

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) R. E. Owen, M. D.
(Address) Weselyon Cem. Dist. Bldg.

No. 11. C. 1901

University Club

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