

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

Do not use this space.

27352

7594

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St. Louis* (No. *3463*) *Tennessee Ave* St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *3463 Tennessee St.*, _____ Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 22-1909*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 1 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at 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) *St. Louis Mo*

MOTHER FATHER
13. NAME *Chas F. Stary*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Anna Joess*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Anna Joess 3463 Tennessee*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Peter Paul July 27 1934*

19. UNDERTAKER (ADDRESS) *Wacker, Del Norte 2371 13th Ave*

20. FILED *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 24 1934*

22. I HEREBY CERTIFY That I attended deceased from *July 22 1934* to *July 23 1934*
I last saw her alive on *July 23 1934* Death is said to have occurred on the date stated above, at *9:30 p.m.*

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

Chronic nephritis
Heart Stroke
Date of onset *3 days*

Other contributory causes of importance: _____
(Name of operation) _____ Date of _____
What test confirmed diagnosis? *Physical exam.* 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) *J. Lewis Hutton*, M. D.
(Address) *3400 California*

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 15 1934

WHITE PEARLY, WITH OPAIDING INK—THIS IS A PERMANENT RECORD

