

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

Do not use this space.

7655

27411

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *2709 = Tennessee Ave*)

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME *Anna Hansen (HAUSEN)*

(a) Residence, No. *2709 = Tennessee Ave*, St., *17* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 16 - 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

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) *Germany*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Anna M. Clark 2709 = Tennessee Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews Cem.* DATE *July 28 1934*

19. UNDERTAKER (ADDRESS) *Ziegenhain Bros. 1113 S. Chester St.*

20. FILED *661 24 3 1934 J. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26 - 1934*

22. I HEREBY CERTIFY That I attended deceased from *July 15*, 1934, to *July 26*, 1934. I last saw her alive on *July 25*, 1934. Death is said to have occurred on the date stated above, at *11:30 a.m.*

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

Atherosclerosis

97 120B

Other contributory causes of importance: *Gastrointestinal complications*

Name of operation Date of..... What test confirmed diagnosis? *phys.* 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? If so, specify

(Signed) *J. P. Hoefler*, M. D.
 (Address) *2120 S. Grand Blvd.*

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.

2725-10
 10
 10
 10

DATE: _____

TIME: _____

TO: _____

FROM: _____

SUBJECT: _____

#2
St. Louis

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

7655-

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Anna Hansen
Who died at 2709 A Tennessee on July - 26 - 1934
Residence: No. 2709 A Tennessee St. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years 66 Months _____ Days _____
Sex F Color or race W Single married, widowed or divorced: _____

Date of birth June 16 1849 Age: Years 85 Months 1 Days 10

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month Feb Year 1926
Birthplace (State or country) Denmark
Birthplace of father (State or country) Denmark
Birthplace of mother (State or country) Denmark
Principal cause of death: Arterio Sclerosis

Other contributory causes of importance Gastric intestinal complications
Name of operation _____ Date of Cause of Gastric Complications
What test confirmed diagnosis? no ulcers Was there an autopsy? unknown
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar J F Brebeck 9-18-34 Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791 Very truly yours,
Primary Reg. Dist. No. 1003 E. T. McLaugh, M. D.
Special Agent.

S-27411