SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 333 — File No. 30610
Township St Ferdinand — Primary Registration District No. 4468 — Registered No. 173
City Ferguson Tin (No. New Halls Ferry Rd Ferguson Rt 10 St. ..... Ward)

2. FULL NAME Anna Loesing
(a) Residence, No. Ferguson Rt 10 St., ... 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 OF (OR) WIFE OF Henry Loesing, Sr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 - 1860
7. AGE YEARS 73 MONTHS 7 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

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 County Mo

FATHER
13. NAME Henry Kemmerz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Loesing Sr Ferguson Rt 10
18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack, Mo DATE Aug. 20, 1934
19. UNDERTAKER (ADDRESS) A. Krow L. U. Co 2707 N. Grand Bl
20. FILED Aug 17th, 1934 W. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1934, to Aug 17, 1934
I last saw her alive on Aug 11, 1934 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic hypocondritis — Date of onset
93C Arteriosclerosis
97
102
Other contributory causes of importance: 93C
Hypertension
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) L. H. Hempelmann, M. D.
(Address) 203 Beaumont Bldg
L.A.

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.