

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

Do not use this space.

1. PLACE OF DEATH SEP 13 1934

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. ....)

622 Bellerive Boulevard

File No.....

Registered No.....

8114  
30852

2. FULL NAME Anna Stuever

(a) Residence, No. 622 Bellerive Blvd. St. 1 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to Aug 8, 1934

I last saw her alive on Aug 7, 1934 Death is said to have occurred on the date stated above, at 1:50 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10th, 1856

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 28

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

Myocarditis chronic Date of onset Jan 1934

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Charles B. Stuever

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

15. MAIDEN NAME Mary Huelsmann

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

17. INFORMANT Jeta Hoogen (ADDRESS) 622 Bellerive Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Aug. 11th, 1934

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Boulevard

20. FILED AUG 5 1934 J.P. Boedek Registrar.

Name of operation None Date of None

What test confirmed diagnosis? None 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) Asst. Cleveland, M. D. (Address) 3326 Meramec St.

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.

WRITE PLAINLY, WITH OMISSIONS

