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.

OCT 11 1934

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

Do not use this space.

31466

File No. 8795

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, (No. St. Anthony Hospital St. Ward)

2. FULL NAME Annie Hollingsworth

(a) Residence, No. 3248 Delor St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
48	8	17	

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.

FATHER

13. NAME Adam Myers

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

MOTHER

15. MAIDEN NAME Mary Manley

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

17. INFORMANT Thomas Hollingsworth
(ADDRESS) 3248 Delor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 3, 1934

19. UNDERTAKER Anthony Funeral Co.
(ADDRESS) 6322 St Louis Blvd.

20. FILED SEP - 1 1934 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1934 to 8/31, 1934

I last saw her alive on 8/31, 1934. Death is said to have occurred on the date stated above, at 6:40 p.m.

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

	Date of onset
Thrombosis of pulmonary veins of left lung.	8/31/34
59	
386	
1300A	

59

Other contributory causes of importance:
Chronic Myocarditis
Diabetes Mellitus.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

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) Hurand Bryanyu, M. D.

(Address) 7408 Michigan.

Dr. Benjamin
1408 Wilson