

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

Do not use this space.

37539

NOV 13 1934

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No.
 City St. Louis (No. Firmin Desloge Hospital) St. Ward)

File No.
 Registered No. 9984

2. FULL NAME Anna Menikheim

(a) Residence, No. 3306 S. 18th St. St. 26 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Menikheim

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 2 -

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

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) St. Louis Mo (STATE OR COUNTRY)

13. NAME Richard Miller

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

15. MAIDEN NAME Katherine Beckhahn

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

17. INFORMANT By Menikheim (ADDRESS) 3306 S. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marys DATE Oct. 13 1934

19. UNDERTAKER J. Schumacher (ADDRESS) 3013 Meramec

20. FILED 12 1934 Registrar J. Brudeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1934, to 10/11, 1934.

I last saw her alive on 10/11, 1934. Death is said to have occurred on the date stated above, at 7:30 A.

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

Hypertension
Arteriosclerosis
97
100
 Other contributory causes of importance: MI
 Date of onset unknown

Name of operation phlebectomy of the carotid region
 Was it 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) J. Schumacher, M. D.
 (Address) 1325 S. Grand

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.

