

DEC 13 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. De Paul Hosp)

File No. ....  
Registered No. 1107 (Ward) .....

## 2. FULL NAME

Anna E. Boversmith  
(a) Residence, No. 1217 Monroe St. 26 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29 - 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>131</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>9</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Wm Schweppe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Cecilia Boversmith</u> (ADDRESS) <u>1217 Monroe St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Nov. 22, 1934</u>		
19. UNDERTAKER <u>By Leidner and Co</u> (ADDRESS) <u>1417 So. Market St.</u>		
20. FILED <u>UV 21 1934</u> <u>J. A. Bredeck</u> Registrar.		

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 21, 1934, to Nov 19, 1934I last saw her alive on Nov 14, 1934. Death is saidto have occurred on the date stated above, at 10 A.m.

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

Acute Endocarditis Nov 19/34Mitral Regurgitation Oct 20/34Aortic Oct 20/34

Date of onset

19341934

Other contributory causes of importance:

Renal Oct 20/34Chronic Nephritis 11/34

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? No 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) Benjamin Striegel, M. D.(Address) 1001 Madison

(B.F. STRIEGEL)

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.

