

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....
Registration District No. 791
Primary Registration District No. 1003
(No. 2631, Louisiana Ave. St. 17 Ward)

45170
File No. 1232
Registered No. 1232

2. FULL NAME

Anna Meier
(a) Residence, No. 2631 Louisiana St., 17 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 29 1869</i>		
7. AGE	YEARS	MONTHS
	<i>65</i>	<i>6</i>
		DAYS
		<i>30</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>St Louis Mo.</i>		
MOTHER	13. NAME <i>William Feuerstake</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Anna Feuerbach</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Wisconsin</i>	
17. INFORMANT <i>Edward Meier</i> (ADDRESS) <i>2631 Louisiana Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Fun Set Park</i> DATE <i>Dec 31 1934</i>		
19. UNDERTAKER <i>Thos Kettis</i> (ADDRESS) <i>2946 Grand ave</i>		
20. FILED <i>C 23</i> 1935 <i>J. J. Bredeck</i> Registrar		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 28 1934*

I HEREBY CERTIFY, That I attended deceased from *Aug 15 1934* to *Dec 21 1934*

I last saw *you* alive on *Dec 21 1934* Death is said to have occurred on the date stated above, at *12:19 p.m.*

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

Chronic interstitial nephritis Date of onset

Other contributory causes of importance:

Chronic cholecystitis

Name of operation..... Date of.....

What test confirmed diagnosis? *clinical* 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) *Joseph L Ferris*, M. D.
(Address) *14209 Orquilla*

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.

