

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.

3-4

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

Do not use this space.

FEB 21 1935

3428

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** (No. **5076 Cates**) St. Ward)

File No.
Registered No. **732**
St. Ward)

2. FULL NAME

Anna Catherine Stern

(a) Residence, No. **5076 Cates** St. **17** Ward.

(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 **Wh.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 19** 19**35**

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

22. I HEREBY CERTIFY, That I attended deceased from **Dec 21** 19**34** to **Jan 19** 19**35**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 19, 1875**

I last saw her alive on **Jan 18** 19**35**. Death is said to have occurred on the date stated above, at **8:40 A.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **60** — —

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Chronic Nephritis
M
Other contributory causes of importance: **None**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

13. NAME **P. N. Wheatley**

Name of operation **None** Date of
What test confirmed diagnosis? **Usual** Was there an autopsy? **No**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

15. MAIDEN NAME **Mary Bowman**

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cherryville Illinois**

17. INFORMANT (ADDRESS) **Mary C. Sayer**
5076 Cates

Manner of injury
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan. 21** 19**35**

24. Was disease or injury in any way related to occupation of deceased? **No**

19. UNDERTAKER (ADDRESS) **Chas. L. Stuart**
1225 Union Blvd.

If so, specify **Dr. W. Eckert** (Signed) **W. Eckert**, M. D.
(Address) **4103 Eastwood**

20. FILED **21** 19**35** **J. Bredeck** Registrar.

