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.

MAR 1 5 1935

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

Do not use this space.

791

7176

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1589

City St. Louis (No. City Infirmary St. ..... Ward)

2. FULL NAME Anna J. State

(a) Residence, No. 5600 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [illegible]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE About 70 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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) Belleville, Ill

FATHER

13. NAME John J. Gundlach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill

MOTHER

15. MAIDEN NAME Mary ?

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

17. INFORMANT (ADDRESS) Miss Molony 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville Ills DATE 2/16/35 19

19. UNDERTAKER (ADDRESS) C. H. Ohlmeister 18174 S. Broadway

20. FILED FEB 16 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1934, to 2-15-, 1935

I last saw her alive on 2-15-, 1935 Death is said to have occurred on the date stated above, at 9 20 A m.

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

	Date of onset
Chronic myocarditis	1933

Other contributory causes of importance:

Hypertension	1933
Senility	1933
Cerebral Hemorrhage	2-2-35

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) Marvin T. Haw, Jr., M. D.

(Address) 5600 Arsenal