

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.

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

Do not use this space.

APR 25 1935

10460

1. PLACE OF DEATH

County St. Louis Co.
Township Central
City Clayton

Registration District No. 740
Primary Registration District No. 60338
(No. St. Louis B. Wash.)

File No. _____
Registered No. 101
St. _____ Ward _____

2. FULL NAME Anna Wange

(a) Residence, No. 4827 Hanover, St. Louis, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1875

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>3</u>	<u>29</u>		

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. _____
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) Germany

13. NAME Carl Fick

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Herman Nestler, 4815 Hanover

18. BURIAL CREMATION OR REMOVAL PLACE Near Marion DATE Mar 20, 1935

19. UNDERTAKER (ADDRESS) John Ziegenhagen, 7027 Marion

20. FILED 3/19 1935 Robt J. Leubenstein Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1935, to 3-18, 1935

I last saw her alive on 3-17, 1935. Death is said to have occurred on the date stated above, at 12:05 A.M.

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

myocardial insufficiency Date of onset _____

Other contributory causes of importance:
Cachexia due to
Generalized abdominal
(Omnisphincter atony)
Name of operation gastric Date of operation _____
What test confirmed diagnosis? Chemical & clinical Was there an autopsy? no

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) P. G. Buss M. D.
(Address) St. Louis Co. Wash., Clayton, Mo.

