

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

Do not use this space.

APR 9 1935

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District **1003**
City **St. Louis, Mo. No. 7240, Koberman** St. Ward)

File No. **10752**
Registered No. **2371**

2. FULL NAME

Anna C. Lehberg
(a) Residence, No. **7240 Koberman** St., **2** 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

3. SEX **F** 4. COLOR OR RACE **w** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 7 - 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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) **Sweden**

13. NAME **unk**

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

15. MAIDEN NAME **unk**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Sweden**

17. INFORMANT (ADDRESS) **John Oliver 7240 Koberman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Frederick Cem** DATE **Mar 12, 1935**

19. UNDERTAKER (ADDRESS) **John & Suzanne & Bros 7027 Higgins Ave**

20. FILED **MAR 12 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 9th**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **Jan 15**, 19**35**, to **March 9**, 19**35**
Last saw her alive on **March 9**, 19**35**. Death is said to have occurred on the date stated above, at **7:45 P.M.**

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

Arterio Sclerosis Date of onset **1931**

Other contributory causes of importance

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? 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) **Adam G. Youngman**, M. D.
(Address) **5439 Woodside**

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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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.

