

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

JUL 12 1935

791  
1003

Do not use this space

21469

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis. (No. ....)

Registration District No. ....  
Primary Registration District No. ....  
Luthren Hospital

File No. ....  
Registered No. 5426  
St. .... Ward)

**2. FULL NAME** Anna Dahmer

(a) Residence, No. 4715 Allemania Ave. St. 2 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 74 yrs. mos. ds. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
About 74 Unknown

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Missouri

MOTHER / FATHER 13. NAME Fred Strietz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Edna Degenhart  
(ADDRESS) 2304 a S. 10 Str

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Wood Park DATE June, 24, 1935

19. UNDERTAKER Wm. G. Moydell  
(ADDRESS) 1926 Allen Ave.

20. FILED July 4 1935 19 J. Brebeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1935, to 6-22, 1935

I last saw her alive on 6-21, 1935 Death is said to have occurred on the date stated above, at 5.10 A.M.

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

Carcinoma of colon ?

Other contributory causes of importance:

Name of operation none Date of clinical  
What test confirmed diagnosis? clinical 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) O. Jones M. D.  
(Address) 360 S. Burdick

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.

