

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

Do not use this space.

SEP 16 1935

791
1003

27664

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis. (No. 1216 South Seventh Str. St. Ward)

File No.....
Registered No. 6707

2. FULL NAME Anna King

(a) Residence, No. 1216 South Seventh Str. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode) 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred

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 Albert E. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 22. 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 12

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) Illinois

13. NAME Frank Helde

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Julia Casey
1216 South Seventh

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Park DATE Aug. 7. 1935

19. UNDERTAKER (ADDRESS) W. E. Moydell
1926 Allen Ave.

20. FILED -6 1935 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1935, to Aug 4 1935.

I last saw her alive on Aug 4 1935. Death is said to have occurred on the date stated above, at 11.45 A.M.

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

Apoplexy (Cerebral) Date of onset 8-1-35

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? no
If so, specify Robt. D. Urban, M. D.
(Signed) 3665 S. Broadway
(Address)

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.

