

SEP 25 1935

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

Do not use this space.

28297

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
Township _____ Primary Registration District No. 6248B Registered No. 280
City Jefferson Barracks St. _____ Ward) _____

2. FULL NAME Anthony Hansherr

(a) Residence, No. R.R. 8, Box 270 St. _____ Ward. _____
(Usual place of abode) (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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/27/1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
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) St. Louis, Mo.

13. NAME Francis X Hansherr

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

15. MAIDEN NAME Mary Pezold

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

17. INFORMANT Edward Hansherr
(ADDRESS) 8 Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE 8/9/1935

19. UNDERTAKER L. Hoffmeister & Co.
(ADDRESS) 2814 Broadway

20. FILED Aug 8 1935 H. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6/1935 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9PM m.

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

Chr. myocarditis, chr. endocarditis,
Chr. interstitial nephritis,
General anasarca, block-heart.

Other contributory causes of importance:
Acute cardiac dilatation
caused by heart.

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? _____
If so, specify _____
(Signed) John B. Turner, M. D. 8/7/35
(Address) 3718 Jennings, P. D.
Coroner

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.

