

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

Do not use this space.

OCT 22 1935

29463

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 29463
 Township Waco Primary Registration District No. 2003 Registered No. 3408
 City Kansas City (No. St. Lukes, Wright) St. _____ Ward _____

2. FULL NAME

Erma H. Anschuetz
 (a) Residence, No. 311 E. 69th Ter. 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 18

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

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) St. Louis Mo.

13. NAME Otto Hilpert

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

15. MAIDEN NAME Marie Lutyris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Otto W. Anschuetz (ADDRESS) 311 E. 69th Ter.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Sept. 5 35

19. UNDERTAKER (ADDRESS) Eylar's Funeral Home 74 C. Mo.

20. FILED 9-5-35 M. M. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1935 to August 4, 1935
 I last saw her alive on August 4, 1935 Death is said to have occurred on the date stated above, at 3:40 p. m.
 The principal cause of death and related causes of importance were as follows:

Brain tumor glioma
Supratentorial
(Spongioblastoma)
Malignant
 Date of onset 6 yrs.

Other contributory causes of importance: 53

Name of operation Craniotomy, subtotal Date of 9-4-35
 What test confirmed diagnosis? pathology of tumor Was there an autopsy? yes

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) Frank Deachenor, M. D.
 (Address) 1002 Angyle Bldg

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.

629 W. 63 St 5963