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.

OCT 2 3 1935

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

Do not use this space.

30828

791
1003

File No.
Registered No. 7612

1. PLACE OF DEATH

County
Township
City St. Louis
Registration District No.
Primary Registration District No.
(No. 4008A N. Kingshighway Blvd. St. Ward)

2. FULL NAME Anna C. Oellermann

(a) Residence, No. 4008 A Kingshighway Blvd. St., 7 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39	9	7	

OCCUPATION

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) St. Louis Mo.

FATHER

13. NAME Henry Wachtendorf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Bertha Wachtendorf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Arthur C. Oellermann
(ADDRESS) 4008 A N. Kingshighway Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 11, 1935

19. UNDERTAKER Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED SEP 10 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 193. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-6-, 1935, to 9-8, 1935, I last saw her alive on 9-8-, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
1b Acute Dysentery Bacillary	

Other contributory causes of importance:
Probably perforated ulcer
Colon cause unknown

Name of operation Date of
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) Oliver O'Day, M. D.
(Address) 3519 Hebert