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.

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

Do not use this space.

34183

OCT 30 1935

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8606

Township St. Louis Primary Registration District No. ..... Registered No. .....

City ..... (No. 311 Elm st. ..... St. ..... Ward)

2. FULL NAME Leo Bismark Anschutz

(a) Residence, No. 311 Elm St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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) March 10, 1867.

7. AGE: YEARS 68 MONTHS 7 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Keokuk Iowa

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Herman Anschutz 18-20 N. 4th Keokuk, Iowa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Oct. 15, 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. L. Co. 111 7814 Co. Broadway

20. FILED OCT 14 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1935, to October 12, 1935

I last saw him alive on Oct 11, 1935 Death is said to have occurred on the date stated above, at 4 a. m.

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

Chronic Myocarditis — Date of onset Oct 4/35

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Other contributory causes of importance: Chronic Gastritis due to chronic indigestion cause of indigestion unknown — Oct 4/35

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) Paul R. Konzelman, M. D.

(Address) 3507 Gravois