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

Do not use this space.

34517

1. PLACE OF DEATH NOV 9 1935

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1519 Carr (Rear) St. ..... Ward)

File No. .....

Registered No. 8958

2. FULL NAME ANNA SEDERICK

(a) Residence, No. 1519 Carr (Rear) St., 25 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 Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1880

7. AGE: Years 54 | Months 3 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

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) East St. Louis Ill.

FATHER

13. NAME Benj Jarrett

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

MOTHER

15. MAIDEN NAME Nattie Neeley

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

17. INFORMANT (ADDRESS) B. Rice 1517 Carr St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson Woods DATE 10-Nov 1935

19. UNDERTAKER (ADDRESS) 2723 Dickson Ave

20. FILED OCT 26 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1935 to October 22, 1935

I last saw her alive on October 21, 1935. Death is said to have occurred on the date stated above, at 1:45 A.m.

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

	Date of onset
Myocardial Degeneration	1935 August
Other contributory causes of importance: Hypertension	1935

93C

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) Julius C. Sherrod, M. D.

(Address) 1635 a Carr St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33