

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.

NOV 9 1935

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

Do not use this space.

34639

9084

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (Ne. St. Anthony Hospital) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME

Appolinea Mary  
(a) Residence, No. 2205 Sidney St., 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mls.  
5 29 5 19

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. at home

10. Date deceased last worked at this occupation (month and year) Oct 19 - 35 11. Total time (years) spent in this occupation 11 M.

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

13. NAME Anthony Logel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Mo.

15. MAIDEN NAME Amanda Thieson

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

17. INFORMANT (ADDRESS) Amanda Logel, 2205 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Nov 2, 1935

19. UNDERTAKER (ADDRESS) W. H. Brennan, 2030 Morris Ave

20. FILED Oct 30 1935 19. J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 - 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1935 to 10/29, 1935

I last saw her alive on 10/28, 1935. Death is said to have occurred on the date stated above, at 1:40 A. M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of recto-sigmoid  
46

Other contributory causes of importance: catarrh of lungs, post fracture fracture of humerus  
Name of operation Resection of sigmoid Date of 10/20/35  
What test confirmed diagnosis? Autopsy 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 Phle. & Sberer (Signed) 3115 S. Grand St., M. D.  
(Address)

