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.

DEC 20 1935

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

Do not use this space.

37272

File No.

Registered No. 346

1. PLACE OF DEATH
County St. Louis — Registration District No. 790
Township Clayton — St. Louis — Primary Registration District No. 60338
City Clayton (No. County Hosp. St. Ward)

2. FULL NAME Anna Schlanger
(a) Residence, No. 1229 Gregan Pl. St., Ward. Phillips Mo.
(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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Schlanger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1864
7. AGE YEARS 71 MONTHS 9 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. At Home
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) Mo

FATHER
13. NAME Wm. Keenan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine Chester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Conlon 0132 Minerva Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 30 1935
19. UNDERTAKER (ADDRESS) Larry Mullen Und. Co. 5165 Delmar Blvd.
20. FILED 11/29 1935 Dr. L. J. Figuorelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:
Fractured ribs, 2, 3, 4, 5 & 6th. left side posterior. Crushed scapula, punctured lungs, fractured ribs
Date of onset
Other contributory causes of importance: Hemorrhage & Shock
over
Name of operation ..... Date of .....
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? .....
If so, specify 11/29/35
(Signed) Luke B. Tinnon, M. D.
(Address) 3714 Jennings Rd
Owner Shrine Co. Mo

Train and Pedestrian
accident happened at 6 7 00
Page, taken to County Hospital
where she died.
Verdict of Jury:- Come to her
death by accident, being
struck by Passenger train.
We the Jury further find
that it was through no
negligence on the part of
the train crew.