

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.

JAN 20 1936

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

Do not use this space.

40772

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 5998
City St. Charles (No. Common Name) St. _____ Ward _____

File No. _____
Registered No. 197

2. FULL NAME

Anna Stevenson
(a) Residence, No. 4027 Junata St. _____ 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 1854</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>10</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>Phillip D. Bechtold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth A. Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>J. Staerker</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Zion</u> DATE <u>Jan 3 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Beiderwieser</u> <u>1936 St. Ann Ave</u>		
20. FILED <u>12/31</u> 19 <u>35</u> <u>Clarence B. Kessler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 3:30 to Dec 31 10:30 1935
I last saw him alive on Dec 30 1934 Death is said to have occurred on the date stated above, at 6:10 A.M.
The principal cause of death and related causes of importance were as follows:
Uræmia. Death 25.
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Other contributory causes of importance:
Gov. Arterio sclerosis.
Obs. interstitial nephritis.
Name of operation none Date of _____
What test confirmed diagnosis uric acid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. Perich Schues M. D.
(Address) St Charles Mo

