

JAN 13 1936

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

Do not use this space.

41158

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 4004 Giles ave)..... State..... Ward.....

File No.....  
Registered No. 10366  
State..... Ward.....

2. FULL NAME

Anna M. Larson  
(a) Residence, No. 4004 Giles St., 15 Ward..... (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emil F. Larson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 1875</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>8</u>
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>St. Louis</u> <u>Mo</u>		
13. NAME <u>Henry Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFANT (ADDRESS) <u>Emil F. Larson</u> <u>4004 Giles</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Dec 10 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Stucken &amp; Hedeker</u> <u>2021 1/2 Broadway</u>		
20. FILED <u>DEC - 9 1935</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1935 to Dec 7 1935.  
I last saw him alive on Dec 5 1935. Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:  
Old myocarditis  
Arteriosclerosis  
Date of onset unknown

Other contributory causes of importance:  
930

Name of operation none Date of.....  
What test confirmed diagnosis Physical findings here 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?.....  
If so, specify Ray F. Schuster, M. D.  
(Signed) Ray F. Schuster  
(Address) 2800 1/2 Chippewa 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

