

Jan 13 1935

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

Do not use this space.

41625

1. PLACE OF DEATH.

County..... Registration District No. 1003  
Township..... Primary Registration District No. ....  
City St. Louis Mo. (No. 4646 Tyrolean)..... St. .... Ward)

File No. ....  
Registered No. 10869  
St. .... Ward)

2. FULL NAME

Anna Willman

(a) Residence, No. 4646 Tyrolean St. 15 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Missouri

13. NAME William Willman

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

15. MAIDEN NAME Anna Kumbell

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

17. INFORMANT (ADDRESS) Mrs. Minnie Kirkpatrick  
4646 Tyrolean

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE Dec 23, 1935

19. UNDERTAKER (ADDRESS) E. J. Schure  
312 15 Lafayette Ave.

20. FILED DEC 23 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, to Dec 21, 1935

I last saw h. e. alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 1 A. m.

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

Chronic Endocarditis 1933

Other contributory causes of importance: 92

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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..... (Signed) William G. Gannon, M. D.  
(Address) 5439 Arman

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.

