

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.

FEB 11 1938

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

Do not use this space.

3563

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Saint Louis (No. 1114a North Sarah Street St. Ward)

File No.
Registered No. 804
St. Ward

2. FULL NAME Annie Stanton

(a) Residence, No. 5227 Waterman St., 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF ~~MARRIED~~ WIDOWED, OR DIVORCED
~~POSESSOR~~
(OR) WIFE OF Freeman Stanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unavailable, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
Abt 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year) January 1936 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Newbern
(STATE OR COUNTRY) North Carolina

13. NAME Unavailable

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

15. MAIDEN NAME II

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

17. INFORMANT Mrs. Sarah Gibson
(ADDRESS) 1114a North Sarah Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Jan. 22, 1936

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED J. Bredeck
19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 1936

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 4:10 P.M.

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

Labour Pneumonia following smoke asphyxiation received in fire in workshop at 5:00 P.M. Delmar about 1:00 AM Jan. 7/1936

Other contributory causes of importance:

(Building not destroyed, damage not estimated) was business & residential property

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid Date of injury 1/17/36

Where did injury occur? Delmar Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fire

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Harold H. Hunt, M.D.
(Address) 13th and Clark Avenue

