WHITE 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 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3833

Township ..... Primary Registration District No. 1003 Registered No. 1108

City St. Louis, Mo (No. 2246a, Missouri St. ..... Ward)

2. FULL NAME Mrs. Anna Frances Dorner

(a) Residence, No. 2246a Missouri St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Dorner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 29-1863

7. AGE: 72 YEARS, 2 MONTHS, 10 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Household
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): Germany

FATHER

13. NAME: Frederick C. Vogel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Franziska M. Bonsack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mr. Fred Dorner 2246a Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE Jan. 31st 1936

19. UNDERTAKER (ADDRESS): Biderwieden Funeral Home, Inc. 1936 St Louis Ave.

20. FILED JAN 30 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to 1-29-, 1936
I last saw her alive on 1-28-, 1936 Death is said to have occurred on the date stated above, at 7 55 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset 1933

Other contributory causes of importance: Paralysis and senility

Name of operation none Date of ——

What test confirmed diagnosis? Clinical Was there 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? no
If so, specify .....
(Signed) Louis F. Murray, M. D.
(Address) 1831-S-9 St

Dr[illegible]
1831 S. 9th
9-10 1-3 7-[illegible]