

MAR 12 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ISOLATION HOSPITAL 791

1008

Do not use this space.

7818

File No. 148A

Registered No. St. Ward

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo

2. FULL NAME

Anna Pelster

(a) Residence, No.

472 Highland

St.

6

Ward.

Length of residence in city or town where death occurred 10 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Pelster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Germany

13. NAME Frank Redecker

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

15. MAIDEN NAME Mary Schumacher

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

17. INFORMANT (ADDRESS) Stella Trachsel 51000 Olive St. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb 11 1936

19. UNDERTAKER Mrs. M. Schumacher (ADDRESS) 4834 National Bridge St.

20. FILED FEB 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1936, to Feb 7 1936

First saw her alive on Feb 7 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Meningeal meningitis with multiple brain abscesses

Date of onset

18

Other contributory causes of importance: Right lobar pneumonia

Name of operation What test confirmed diagnosis? Culture Date of Was there an autopsy? Yes

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) C. H. Smith (Address) ISOLATION HOSPITAL M. D.

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.

