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.

APR 25 1936

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

Do not use this space.

12285

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township Strut-Jeff — Primary Registration District No. 4471 — Registered No. 23
City Webster Grove (No. 652 Atalanta St. Ward)

2. FULL NAME Anna Marie Findall
(a) Residence, No. 652 Atalanta St., 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? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chrest Findall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 27 1867
7. AGE: YEARS 68 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Denmark

FATHER
13. NAME: Eskild Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

17. INFORMANT (ADDRESS): Elizabeth Findall, 652 Atlanta Av.
18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE: Oak Hill DATE: March 16, 1936
19. UNDERTAKER (ADDRESS): Parker Und Co, Webster Groves Mo
20. FILED: 3-16-, 1936 Jules R. Yore, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to March 14, 1936
I last saw her alive on March 13, 1936 Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2-24-36

Other contributory causes of importance:
Diabetes Mellitus
Hypertension

Name of operation ..... 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) Carl C Trick, M. D.
(Address) Webster Grove, Mo