

APR 11 1936

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

Do not use this space.

13245

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis** (No. **St. Anthony's Hospital**)File No.
Registered No. **3329** St. Ward)

2. FULL NAME

Anna C. Wessels(a) Residence, No. **4918 Tiemann** St. **N 2d** Ward. **Gardenville, Mo.**
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Herman J. Wessels**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17th 1860**7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 88. 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) **St. Louis Mo.** (STATE OR COUNTRY)13. NAME **Nicholas Annas**14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)17. INFORMANT **George Wessels** (ADDRESS) **4918 Tiemann Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Peter & Paul** DATE **3-28** 193619. UNDERTAKER **W. H. Hofmeister** (ADDRESS) **4010 So. Chippewa St.**20. FILED **St. Louis** 19 **36** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-25** 19 **36**

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 **4:20 p.m.**

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

Meningitis; Brain Hemorrhage, left middle Meningeal artery, Chronic Myocarditis; Chronic Nephritis; following fall down stairs at residence, 3/22/36.

Other contributory causes of importance:

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? **Accident** Date of injury **3/22** 19 **36**Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

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

HomeManner of injury **Fall**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....

(Sign) **Harold J. Long** M. D.(Address) **St. Louis**

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.

1948

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of said County, at [City], [State], this
 [Date] day of [Month], 19[Year].

[Signature of County Clerk]