

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-1-20-36 I X704

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.

MAY 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis,**

Registration District No. **791**
Primary Registration District No. **1008**
(No. **1012 Shenandoah Ave**

20835

File No.....
Registered No. **5076**
St. Ward)

2. FULL NAME **Anna Tockstein**

(a) Residence, No. **1012 Shenandoah Ave.** St. **23** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **65** yrs. mos. ds. How long in U. S., if of foreign birth **65** 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 August Tockstein		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1853		
7. AGE YEARS About 83	MONTHS Unknown	DAYS Unknown
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) Bohemia		
13. NAME Frank Ost		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Ernst Tockstein (ADDRESS) 3741 Hydraulic Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE May, 11, 1936		
19. UNDERTAKER Dr. G. Monnell (ADDRESS) 1926 Allen Ave.		
20. FILED MAY 11 1936 J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 10, 1936** 19

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 **10²⁰ A.M.**

The principal cause of death and related causes of importance were as follows:
Cor. Myocarditis
Senility

Other contributory causes of importance: **92C**

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

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) **Harold Schickel** M.D.
(Address) **Dep. Sec.**

