

JUL 27 1936

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

Do not use this space.

24126

1. PLACE OF DEATH

County St. Louis
Township Normandy
City Pine Lawn

Registration District No. 789
Primary Registration District No. 6033
(No. 3718 Jennings, Pine Lawn, Mo., St. _____ Ward)

File No. _____
Registered No. 192

2. FULL NAME Anna Giese

(a) Residence, No. 1943 Central St., _____ Ward.

(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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 8 5

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

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

15. MAIDEN NAME Mary Bloemke

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

17. INFORMANT Ed Giese,
(ADDRESS) 1943 Central

18. BURIAL, CREMATION, OR REMOVAL June
PLACE St. Peter-Paul DATE Jan 12 19 36

19. UNDERTAKER Gullen-Kelly
(ADDRESS) 1416 N Taylor

20. FILED 6-10-1936 McBoehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 19 30 June 9th, 1936
I last saw h. or alive on 6/9/1936, 19 _____ Death is said to have occurred on the date stated above, at 1:20 AM

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

Chr. myocarditis; Chr. endo- carditis, sclerotic calcified mitral valves, generalized atherosclerosis, extreme senility. Date of onset _____

Other contributory causes of importance:
Myocardial degeneration with complete myocardial collapse. Uremia, uremic coma.

Name of operation _____ Date of _____
What test confirmed diagnosis? cli Was there an autopsy? None

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.

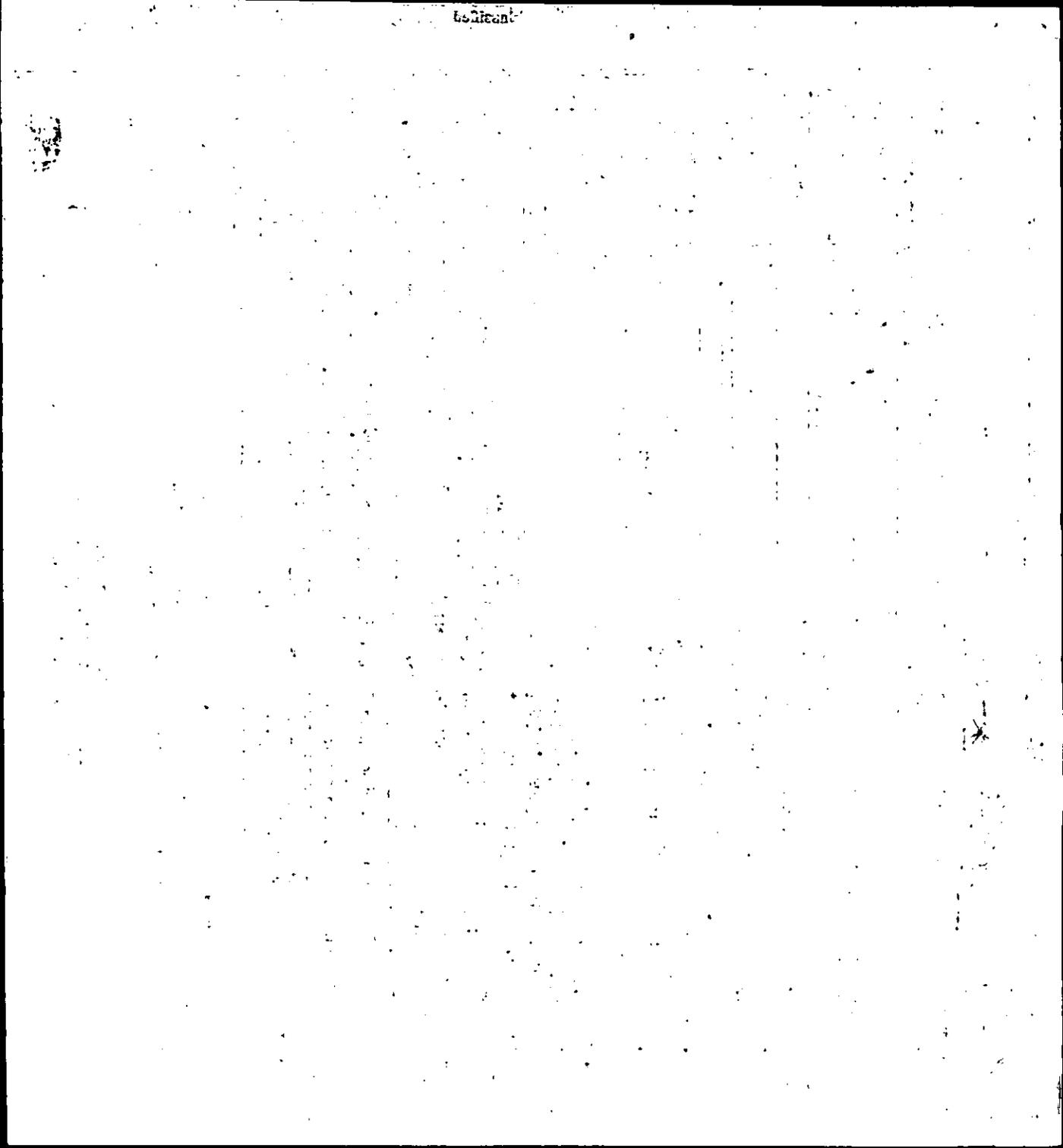
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) T. J. Timms, M. D.
(Address) 3718 Jennings, Rd.

6/10/36

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



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1. PLACE OF DEATH

County St. Louis
Township Central
City (No.) (No.)

Registration District No. 789
Primary Registration District No. 6033

File No. _____
Registered No. 172 Ward _____

2. FULL NAME Anna Giese

(a) Residence, No. _____ St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 19 . 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min. 80 8 5-

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

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

Generalize Senility with dehydration cause of uremia
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Myocardial degeneration with complete myocardial collapse uremia Uremia Coma

13. NAME

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

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

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS)

If so, specify (Signed) J. B. Juinar, M. D.
(Address) 3718 Jerminy Rd.

20. FILED 6-10-36 W. Baehner Registrar
8-12-36

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUNNY FAMILY

5-24126