

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4431 S. Broadway**) St. Ward

File No. **24427**
Registered No. **6043**
St. Ward

2. FULL NAME

Anna Cheney Foote

(a) Residence, No. **4431 S. Broadway** St. **15** 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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1853				
7. AGE	YEARS 83	MONTHS 3	DAYS I	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)..... Wisconsin (STATE OR COUNTRY)				
FATHER	13. NAME Samuel Erastus Foote			
	14. BIRTHPLACE (CITY OR TOWN)..... Jamestown (STATE OR COUNTRY)..... N.Y.			
MOTHER	15. MAIDEN NAME Elizabeth Bailly			
	16. BIRTHPLACE (CITY OR TOWN)..... Polham Mass. (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)..... Mrs. E. Collins. 4431 S. Broadway				
18. BURIAL, CREMATION, OR REMOVAL PLACE Lt. Hopps Cem. DATE June 13, 1936				
19. UNDERTAKER (ADDRESS)..... C. Hoffmeister U.&L. Co. 7814 S. Broadway				
20. FILED JUL 12 1936 J. P. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June II**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **May 25**, 19**36**, to **June 8**, 19**36**.
I last saw him alive on **June 8**, 19**36**. Death is said to have occurred on the date stated above, at **10.45 A.M.**

The principal cause of death and related causes of importance were as follows:
Date of onset
Chronic Myocarditis 5 yrs
930

Other contributory causes of importance:
Senescence
Old hemorrhagic Malignancy
Results of Cerebral Hemorrhage

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?..... 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) **Charles E. Hinesman**, M. D.
(Address) **3720 Washington**

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.

Chas. Hyndmann
3720 Washington
Beaumont Medical Bldg.

2 - 4. P. M.