

JUL 27 1936

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

Do not use this space.

27899

1. PLACE OF DEATH

County St. Louis  
City St. Louis

Registration District No. 789

File No. \_\_\_\_\_

Primary Registration District No. 6033

Registered No. 196

Street (No. 6241 Creston ave)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emil Anishauslin

(a) Residence, No. 6241 Creston ave St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 72 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. Carpenter  
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) Bates, W. Va.

FATHER 13. NAME Jacob Anishauslin

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Emil J. Anishauslin  
(ADDRESS) 3428 Lucas Hunt Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 3 1936

19. UNDERTAKER L. O. Tammner  
(ADDRESS) 6107 Natural Bridge Rd

20. FILED 7-3-1936 Eda Behmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1/1936 1936

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 10 AM

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

History of falling from scaffold, 12 or 14 days prior to death. Jumping on feet below scaffold approximately six feet high, while working on side of small frame house.

Other contributory causes of importance: - spraining ankle, and few hours later complained of pain in chest, whereupon he was compelled to

Name of operation OVER Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Eda Behmer M. D.  
(Address) 3718 Jennings Rd

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.

leave his work and return home. Then applied for physician's aid, considered nothing but sprained ankle, pain each day became more intense and finally when at breakfast table, fell dead.

Cause: A rupture through the wall of left ventricle of heart with extreme tamponade of the heart or hemato-pericardium.

Secondary; Ruptured heart.