AUG 18 1936

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

Do not use this space.

791

29078

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 29078

Township ..... Primary Registration District No. ..... Registered No. 7853

City St. Louis. (No. 4531 Alaska Ave. St. ..... Ward)

2. FULL NAME Anna A. Dust

(a) Residence, No. 4531 Alaska Ave. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 C. Dust

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1863.

7. AGE: YEARS 72 | MONTHS 11 | DAYS 28 | 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) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Bernard Terborg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Adelheid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Henry Dust 4531 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New SS. Peter and Paul Cem. DATE: July 27, 1936

19. UNDERTAKER (ADDRESS): J. H. Gebken Land U. Co. 2842 Meramec St.

20. FILED: JUL 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to July 23, 1936
I last saw her alive on July 20, 1936 Death is said to have occurred on the date stated above, at 2:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Metastatic Carcinoma	Jan 1936
Primary seat Uterus	

Other contributory causes of importance:

Ac Lobar Pneumonia	July 20, 1936

Name of operation 48 Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Roland A. Koeb, M. D.
(Address) 2901 California St. Louis Mo.

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.