

SEP 15 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No. Lutheran Hospital

791

32382

File No.....

Registered No.....

8201

St. .... Ward)

## 2. FULL NAME Annabelle Lexa

(a) Residence, No. 4623 Idaho 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

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

Jerrold Lexa

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

Aug. 1 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

31

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OCCUPATION

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

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

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)

East St. Louis

ILL.

FATHER

13. NAME

Albert Boss

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

ILL.

MOTHER

15. MAIDEN NAME

Myrtle Hogge

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

ILL.

17. INFORMANT (ADDRESS)

Jerrold Lexa  
4623 Idaho Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial B. DATE Aug. 5 1936

19. UNDERTAKER (ADDRESS)

Wm. Schumacher  
3013 Meramec St.

20. FILED

AUG 5 1936

J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936, to Aug 2 1936

I last saw her alive on Aug 21 1936 Death is said to have occurred on the date stated above, at 11:10 AM.

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

Acute Cardiac Dilatation Date of onset 8-2-36

Other contributory causes of importance:

Acute Pulmonary Edema 8-1-36

Name of operation Caesarean Section (Date of 8-1-36)  
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 whether injury occurred in industry, in home, or in public place.)  
(S. specify city or town, county, and State)Manner of injury  
Nature of injury

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

If so, specify (Signed) Victor P. Hoepfer, M. D.

(Address) 3805 S Broadway.

3808 A Hawley

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