

SEP 15 1936

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

Do not use this space.

32989

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **St. Anthony Hosp.**) St. Ward)

2. FULL NAME **Anna E. Mergelkamp**

(a) Residence, No. **Mattasa, Mo.** St. **NR** Ward. (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 **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Mergelkamp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25, 1905**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
31 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**
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) **Jeff. Co. Mo.**

FATHER 13. NAME **Henry Poesper**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lena Diel**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Joseph Mergelkamp Mattasa, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mattasa Mo.** DATE **Aug. 27/36**

19. UNDERTAKER (ADDRESS) **Fendler Ind. Co. 744 Lemay, Spring**

20. FILED **AUG 26 1936** **J. Predeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 24, 1936**
22. I HEREBY CERTIFY, That I attended deceased from **Aug 21st** 1936, to **Aug 24** 1936
I last saw **her** alive on **Aug 24** 1936. Death is said to have occurred on the date stated above, at **12:50** m.
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis (Galgrenow)
Peritonitis (General)
Date of onset **1936 8-14**
Other contributory causes of importance: **1936 8-22**

Name of operation **Appendectomy** Date of **8-22-36**
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? **No**
If so, specify
(Signed) **Hubert Jouneman**, M. D.
(Address) **46025 Grandis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

