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.

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

OCT 5 1936

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

Do not use this space.
35730

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Central Hosp. St. ..... Ward)

File No.....

Registered No. 9350

2. FULL NAME Anna Easterday

(a) Residence, No. 4215 Beethoven St. 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 Ben Easterday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st. 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	8	8	

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. housewife

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. James (STATE OR COUNTRY) Mo.

FATHER

13. NAME Charles Fitzenreider

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

MOTHER

15. MAIDEN NAME Mary Dahmer

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

17. INFORMANT Ben S. Easterday
(ADDRESS) 4215 Beethoven St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 12th. 36

19. UNDERTAKER William Schumacher
(ADDRESS) 3013 Meramec Street

20. FILED SEP 10 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1936, to Sept. 9, 1936, and I last saw her alive on Sept. 9, 1936. Death is said to have occurred on the date stated above, at 1/11 am

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

	Date of onset
Carcinoma of the Uterus,	May 1936

Other contributory causes of importance: Chronic Interstitial Nephritis

Hysterectomy Aug. 19, 1936
Biopsy 9/3/36
Name of operation ..... Date of ..... No
What test confirmed diagnosis? ..... Was there an autopsy?

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) O. Laines, M. D.
(Address) 320 Metropolitan Bldg.

3rd flr Metropolitan Bldg.
1 to 3