

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.

9-2 W. W. Lay Jr. Franco 9-0198

NOV 4 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. **791**
Township..... Primary Registration District No. **1003**
City, Saint Louis, Missouri, (No. Missouri, Paptist Hospital.) St. Ward)

File No. **39328**
Registered No. **10368**

2. FULL NAME Anna Laslo,

(a) Residence, No. 3516a Iowa Ave. St. 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13th, 1900.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 0 1

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.
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 Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Andrew Laslo
(ADDRESS) 3516a Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE October 16, 1936

19. UNDERTAKER Joseph Bros.
(ADDRESS) 2523 Cherokee Street.

20. FILED OCT 15 1936
J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1936 to 10-14-36
I last saw her alive on 10-14- 1936 Death is said to have occurred on the date stated above, at 7:30A.m.
The principal cause of death and related causes of importance were as follows:

H6B
Carcinoma - diffus
of abdomen primary
seat of carcinoma duodenum
Other contributory causes of importance:
duodenal ulcer

Name of operation exploratory Date of 10-10-36
What test confirmed diagnosis? sections 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) Joseph E. Carney M. D.
(Address) 525 7th St. St. Louis

Wm. A. D. 1849.