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

Do not use this space.

FEB 8 1937 791

File No. 3802

Registered No. 838

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Anna Renate Schleiffarth

(a) Residence, No. 4105 Flad Ave St., 17 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: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1865

7. AGE: Years 71 | Months 6 | Days 17 | 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) Missouri

FATHER

13. NAME Gus Wetzel

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

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Geo. Noxon
(ADDRESS) 659 Scott Kirkwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 1/21/37, 19

19. UNDERTAKER John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave.

20. FILED JAN 19 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 17 -, 1937, to 1 - 19 -, 1937

I last saw h. alive on 1 - 19 -, 1937. Death is said to have occurred on the date stated above, at 1 40 a m.

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

Cardiac Decompensation — Date of onset 1-18-37

Hypertension, hypertensive ht. disease?

Other contributory causes of importance:

Arteriosclerosis, generalized.

Name of operation ..... Date of .....

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 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) F R Bradley M. D.

(Address) BARNES HOSPITAL

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.