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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3954

Registered No. 993

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. St. Anthonys Hospital St. ..... Ward)

2. FULL NAME Anna Riesz

(a) Residence, No. 2200 S. 7th. St., 23 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 Paul Riesz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 24th. 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	8	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

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) Hungary

FATHER

13. NAME Alois Schlachter

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

MOTHER

15. MAIDEN NAME Anna Baron

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

17. INFORMANT Paul Riesz
(ADDRESS) 2200 S. 7th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. Peter-Paul DATE Jan. 23nd. 1937

19. UNDERTAKER Wacker-Hiederle
(ADDRESS) 2331 S. Broadway

20. FILED ....., 19..... J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 19th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 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 4.07 P.M.

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

	Date of onset
Lobar Pneumonia	1/17/37

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) L. E. Pelner, M. D.

(Address) 2000 So. Broadway

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.