

APR 9 1937

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. **1791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3204 Osceola**) St. _____ Ward _____

File No. **10936**
Registered No. **3510**

2. FULL NAME **Anna M Czerney**

(a) Residence, No. **3204 Osceola 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 **45** yrs. mos. ds. How long in U. S., if of foreign birth? **83** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Czerney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30-1852**

7. AGE YEARS **84** MONTHS **10** DAYS **1** If LESS than 1 day, hrs. or min.

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

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) **Dec 1936** 11. Total time (years) spent in this occupation **70**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**13. NAME **Frank Nickeral**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**15. MAIDEN NAME **Not known**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**17. INFORMANT (ADDRESS) **Charles Czerney 3204 Osceola - St. Louis Mo**18. BURIAL, CREMATION, OR REMOVAL PLACE **Collinsville-Il** Date **April 2, 1937**19. UNDERTAKER (ADDRESS) **Leo M. Schaeffer, Collinsville, Illinois**20. FILED **MAR 31 1937** **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 31, 1937**22. I HEREBY CERTIFY, That I attended deceased from **March 15th, 1937, to March 30th, 1937**I last saw her alive on **March 30th, 1937**. Death is said to have occurred on the date stated above, at **12:15 A.M.**

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

General Carcinomatosis Date of onset ?**(abdominal) primary seat of cancer unknown**

Other contributory causes of importance:

Senility **53 E**Name of operation **None** Date of _____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? _____

If so, specify **Arnold Klein, M. D.** (Signed)(Address) **2632 N. Kings Highway**

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.

