APR 27 1937

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

Do not use this space.

File No. 13355

Registered No. 13

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township Jefferson — Primary Registration District No. 4469

City Maplewood (No. 7363, Elm Ave. St. ... Ward)

2. FULL NAME Anna Louise Cordry

(a) Residence, No. 7363 Elm Ave. St., ... 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	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 Leonidas Cordry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1869.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67	6	12	

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.

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. Louis (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Franz Flamm

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

MOTHER

15. MAIDEN NAME Cecelia Haag

16. BIRTHPLACE (CITY OR TOWN) Cincinatti (STATE OR COUNTRY) Ohio

17. INFORMANT Lemuel Cordry (ADDRESS) 1336 Hawthorne Place, Richmond H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE March 6, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED Mar 16 1937 Pauline Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to Mch. 3, 1937

I last saw her alive on Mch. 3, 1937. Death is said to have occurred on the date stated above, at 7 p.m.

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

	Date of onset
BRONCHOPNEUMONIA ACUTE	
Other contributory causes of importance: Influenza	

Name of operation ... 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? No

If so, specify ...

(Signed) J. H. Shankland, M. D.

(Address) 5802 Waterman Ave.

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.