MAY 7 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. 791 File No. 14902

Township ..... Primary Registration District No. 1003 Registered No. 4398

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

2. FULL NAME ANNA LOUISA GREINER,

(a) Residence, No. 5138 North Broadway St., 9 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theodore Greiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1860

7. AGE: YEARS 76 MONTHS 6 DAYS 9 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): Germany

FATHER

13. NAME: William Greiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Marie Trapp 5537 Helen Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Apr. 27, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED APR 28 1937 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from april 26, 1937 to april 27, 1937

I last saw her alive on april 27, 1937. Death is said to have occurred on the date stated above, at 3:45 A. M.

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

Bowel obstruction following Carcinoma of sigmoid

Date of onset

Other contributory causes of importance:

H6C

Name of operation Laparotomy Date of 4-26-37

What test confirmed diagnosis? Clinical 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) W. M. Winn, M. D.

(Address) 4624 Taylor 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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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