

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... **St. Louis** (No. **1508 Mallinckrodt**)

File No. **18083**

Registered No. **4659**

St. Ward)

2. FULL NAME

Anna Moss Unland

(a) Residence, No. **1508 Mallinckrodt St., Rear 2nd 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 **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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 26 Th 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 ----- **3** -- **10** --

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **Henry B. Moss**

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

15. MAIDEN NAME **Anna Baumann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Agness Smith**
(ADDRESS) **1017 Main Str, Venice ILL**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem.** DATE **May 10 Th 1937**

19. UNDERTAKER **Edward Koch**
(ADDRESS) **3526 G 14 St**

20. FILED **MAY 6 1937**
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1936** to **Mar 4 1937**

I last saw her alive on **Mar 4 1937**. Death is said to have occurred on the date stated above, at **10 a.m.**

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Generalized enlargement of thyroid

Name of operation **none** Date of

What test confirmed diagnosis? Was there an autopsy?

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) **Jos. Gressler**, M. D.
(Address) **3504 714 St**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state source of certainty supplied.

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