

**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.....
Township.....
City: **St Louis** (No. **4723 Labadie Ave**)

Registration District No. **791**
Primary Registration District No. **1008**

File No. **18385**
Registered No. **4961**
St. Ward)

2. FULL NAME

Anna Krause

(a) Residence, No. **4723 Labadie Ave St., 6** Ward.

(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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Krause**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 5 1875**

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|-----------|-----------|----------|----------|--|
| 35 | 61 | 9 | 9 | |

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

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 Mo**
(STATE OR COUNTRY)

13. NAME **William Boehmer**

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

15. MAIDEN NAME **Fredericks Hufendick**

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

17. INFORMANT **Edwin H Kansteiner, Executor**
(ADDRESS) **4128a San Francisco Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **May 17, 1937**

19. UNDERTAKER **Beiderwieden Funeral Home Inc**
(ADDRESS) **1936 St Louis Ave**

20. FILED BY **J. Bredeck**
MAY 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 14 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 12**, 19**36**, to **May 14**, 19**37**

I last saw her alive on **May 13**, 19**37**. Death is said to have occurred on the date stated above, at **2:40 P M**

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

Carcinoma of rectum Date of onset

Other contributory causes of importance:

Name of operation **Colostomy** Date of **Oct 26, 1936**
What test confirmed diagnosis **Smear + hist.** 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

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**
so, specify **Henry C Westerman** M. D.
(Signed) **Henry C Westerman**
(Address) **2136 East Grand Blvd**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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