5074
91 Union

JUN 12 1937

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

Do not use this space.

18606

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 4324 MARCUS AVE ..... St. ..... Ward)

File No. ..... Registered No. 5182

2. FULL NAME ANNA HANSMANN

(a) Residence, No. 4324 MARCUS AVE St., 7 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	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 GEORGE HANSMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 19, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	54	0	3	

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) (STATE OR COUNTRY) ST. LOUIS, MO.

FATHER

13. NAME ANTHONY JAWOROWSKI

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME VERONICA KUROWSKI

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT GEORGE HANSMANN
(ADDRESS) 4324 MARCUS AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE MAY 26, 1937

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 2228 N. Louis ave

20. FILED MAY 24 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1936, to 5-22, 1937

I last saw her alive on 5-22, 1937. Death is said to have occurred on the date stated above, at 11:12 P.m.

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

Chronic endocarditis

Date of onset

92A

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam 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) [signature] M. D.

(Address) 5074 N. Union

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

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