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

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

Do not use this space.

JUN 29 1937

File No. 21329

Registered No. 172

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Clayton — Primary Registration District No. 6033

City Clayton (No. ST LOUIS COUNTY HOSP. St. ..... Ward)

2. FULL NAME ANNA BELLE MOHR.

(a) Residence, No. BLACKBERRY St., ... 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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 16. 1920

7. AGE: Years 16 — Months 9 — Days 21. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT. School.

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): MO.

FATHER

13. NAME: HENRY MOHR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER

15. MAIDEN NAME: THERESA. GAUDING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT: HENRY MOHR.
(ADDRESS) BLACKBERRY AVE, U.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE MAY 10 1937

19. UNDERTAKER: LAWRENCE MULLEN
(ADDRESS) 5165 DELMAR. BLVD.

20. FILED 5/8 1937 Dr. A. J. Signorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A.M.

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

	Date of onset
Cavernous sinus thrombosis.	4/17/37
Meningitis.	4/17/37
Septicemia with cellulitis of the face & orbits.	

Other contributory causes of importance:

Name of operation: None Date of: —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) John O. Connell, M. D.

(Address) Coroner, St. Louis Co.