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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

B 18554

File No. 21822

Registered No. 5574

2. FULL NAME Anna Streich

(a) Residence, No. Little Sisters of the Poor St. 16 Ward 1
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1870

7. AGE: Years 66 Months 5 Days 4 If LESS than 1 day, ... hrs. or ..... min.

26

OCCUPATION

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

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

000

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10

FATHER

13. NAME Lorenz Streich

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

10

MOTHER

15. MAIDEN NAME Katherine Wiese

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

10

17. INFORMANT (ADDRESS) Hos. Info M. Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6-7-37, 19

19. UNDERTAKER (ADDRESS) Oscar J. Hortmeister 4016 Chippewa

20. FILED JUN 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/37, 19, to 6/4/37, 19

I last saw her alive on 6/4/37, 19 Death is said to have occurred on the date stated above, at 4.45p

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

	Date of onset
Cirrhosis of myocardium	
Senile dementia	

Other contributory causes of importance:

Generalized arteriosclerosis

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

What test confirmed diagnosis? ..... 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?

If so, specify

(Signed) Charles M. Jessier M. D.

(Address) City Hospital No. 1

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.