

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.

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

Do not use this space.

**JUL 8 - 1937**

**791**

**22544**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis, Mo.** (No.....)

**Missouri-Baptist Hospital**

File No.....

Registered No.....

**6296**

St..... Ward.....

**2. FULL NAME** Anna Honold

(a) Residence, No..... St., **nr** Ward..... **Beaufort, Missouri**  
(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**

**MEDICAL CERTIFICATE OF DEATH**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><b>Female</b>   | 4. COLOR OR RACE<br><b>White</b> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Widow</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Charles Honold</b> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>December 25th, 1862</b>                    |                                  |   |
| 7. AGE YEARS<br><b>74</b>   | MONTHS<br><b>6</b>               | DAYS<br><b>2</b>  |
| If LESS than 1 day, ..... hrs. or ..... min.  |                                  |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **6/15 - 1937**, to **6/27 - 1937**.  
I last saw her alive on **6/27 - 1937** Death is said to have occurred on the date stated above, at **4:45 P.M.**  
The principal cause of death and related causes of importance were as follows:

|  |   |
|--|---|
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><b>Housework</b> |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><b>at home</b>            |
|  | 10. Date deceased last worked at this occupation (month and year).....  |
| 11. Total time (years) spent in this occupation..... |   |

*Myocarditis*  
**93C**

Other contributory causes of importance:  
*Arteriosclerosis, Eczema, D. Articular, since quite due to old age*

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

13. NAME **Fritz Tessmer**

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

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER

15. MAIDEN NAME **Sallie May Steinmann**

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

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.

17. INFORMANT **Fritz Tessmer**  
(ADDRESS) **Beaufort, Missouri**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Jeffriesburg, Mo.** DATE **June 30th, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,**  
(ADDRESS) **429 W. Euclid Avenue**

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **R. Kauder**, M. D.  
(Address) **Chas. B...**

20. FILED **JUN 28 1937**  
**J. Bredeck**  
Registrar.

