

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Rock
City Ten Brook, Mo.

Registration District No. 423
Primary Registration District No. 5578
(No. Ten Brook, Mo.)

File No. 27559
Registered No. 21
St. _____ Ward _____

2. FULL NAME Anna Wolff

(a) Residence, No. 6254 Etzel Ave. - St. Louis, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wolff</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 17-1883.</u>				
7. AGE <u>54</u>	YEARS	MONTHS <u>2</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 25th 19 37

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:
That I held an inquest on the Deceased on July 26, 1937.
Verdict of Jury was: 201

Other contributory causes of importance:
that the deceased came to her death by accident by being hit by a Trisco train

Name of operation No. 807 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? near Ten Brook Jeff. Co.
(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 H

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Frank Frazier, Coroner
(Address) Festus Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Chicago</u> (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>John Brown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Henrietta Buckman</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
17. INFORMANT <u>John Wolff</u> (ADDRESS) <u>4241 Linton Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>July 28</u> 19 <u>37</u>	
19. UNDERTAKER <u>Wacker-Helderle</u> (ADDRESS) <u>2331 S. Broadway</u>	
20. FILED <u>July 26 1937</u> <u>Phil. J. Kirk</u> Registrar.	

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.

206M

tion of A. B. Smith
replied to the
of the

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27559
Do not use this space.

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 423
 (b) Township Osber Primary Registration District No. 2578 Registered No. 21
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moa. ds.

2. PRINT FULL NAME Anna Wolff
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 2 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____
 FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED Sept 24 1937 Phil J. Kirk Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 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 _____ m.
 The principal cause of death and related causes of importance were as follows:
pedestrian walking on a trestle.
 Date of onset _____
 Other contributory causes of importance:
Deceased came to her death by accident being hit by a trolley train
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Leann Grayson (Address) Feather

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

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