AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Gardenville, Mo. (No. ..., ... St. ... Ward)

Registration District No. 1123 in
Primary Registration District No. 6248 G

File No. 28405
Registered No. 274

2. FULL NAME Annie Henrietta Lichty
(a) Residence, No. 8503 Lacey Ave. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Daniel A Lichty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd 1867

7. AGE: 69 YEARS, 11 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ... min.

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

MOTHER
15. MAIDEN NAME Henrietta Redeker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Leo. Knepper 8503 Lacey Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE July 9th 37

19. UNDERTAKER (ADDRESS) KRAEGER-VOSS-FIX, INC. 3402 N. Kingshighway

20. FILED July 7, 1937 G Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to July 7, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

124B1

Other contributory causes of importance: Cirrhosis of Liver

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) Clay Allen, M. D.
(Address) 720 Century Bldg

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.