

NOV 15 1937

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

36267

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **2 1003**
 (c) City **St. Louis, Mo.** (d) Street No. **5111 Aubert Ave.** 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. mos. ds.

Registered No. **9844**2. PRINT FULL NAME **Frances Mary Anger**

(a) Residence, No. **5111 Aubert Ave.** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank W. Anger**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10th, 1896**
 7. AGE YEARS **41** MONTHS **3** DAYS **12** If LESS than 1 day, hrs. or min.

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. **Housewife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

FATHER 13. NAME **Ferdinand J. Kabel**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Bayer**
 16. BIRTHPLACE (CITY OR TOWN) **Jerseyville, Ill.**
 (STATE OR COUNTRY)

17. INFORMANT **Frank W. Anger (Husband)**
 (ADDRESS) **5111 Aubert Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Oct. 25, 1937**

19. FUNERAL DIRECTOR **Kraeger-Voss-Fix, Inc.**
 (ADDRESS) **3402 N. Kingshighway**

20. FILED **OCT 23 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 25 - 1937**22. I HEREBY CERTIFY, That I attended deceased from **Apr 21, 1936, to Oct 22, 1937**I last saw her alive on **Oct 22, 1937**. Death is saidto have occurred on the date stated above, at **8 P. M.**

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

Chronic myocarditis Date of onset**930**

Other contributory causes of importance:

arteriosclerosis

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 **w/pt white**(Signed) **J. Bredeck**(Address) **2803 N. Kingshighway**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

