NOV 23 1937

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

Do not use this space.

38636

1. PLACE OF DEATH

County _St Charles_ Registration District No. _757_ File No. _____

Township _St Charles_ Primary Registration District No. _3036_ Registered No. _179_

City _St Charles_ (No. _St Joseph Hos_ St. _____ Ward)

2. FULL NAME _Mary Anderson_

(a) Residence, No. _Portage De Sioux_ St., _____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |

3. SEX _Male_ | **4. COLOR OR RACE** _White_ | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Widow_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Oct 23 rd_ 19 _37_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _George Anderson_

22. I HEREBY CERTIFY, That I attended deceased from

October 1 19 _37_, to _Oct 23_ 19 _37_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb 20 th 1860_

I last saw h___ alive on _October 23_ 19 _37_. Death is said to have occurred on the date stated above, at _8:30_ m.

7. AGE | YEARS _77_ | MONTHS _8_ | DAYS _3_ | If LESS than 1 day, ____hrs. or ____min.

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

Myocardial Dilatation and Regeneration.

Date of onset

OCCUPATION

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

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 _____

Other contributory causes of importance:
Hypertension, Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) _Boschertown St Charles Co_
(STATE OR COUNTRY) _Mo_

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

FATHER

13. NAME _Henry Dresselhaus_

14. 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)

MOTHER

15. MAIDEN NAME _Don't Know_

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _Henry Anderson_
St Charles Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL _St Charles County_
PLACE _Orchard Farm_ DATE _Oct 26 th 1937_

24. Was disease or injury in any way related to occupation of deceased? _No_
If so, specify _____

19. UNDERTAKER (ADDRESS) _H. C. Dallmeyer & Son_
801 N Second St St Charles

(Signed) _Vincent A. Schmidt_ M.D.
(Address) _St Charles, Mo._

20. FILED _10/25_ 19 _37_ _Clarence A. Wessler_
Registrar