

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

Do not use this space.

JAN 24 1938

46412

1. PLACE OF DEATH

County Frank
Township Jefferson
City St. Louis (No. 1)

Registration District No. 709
Primary Registration District No. 6241

File No. 46412
Registered No. 46412
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Anna Eliza Logan St. 1 Ward 1
(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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 1874

7. AGE YEARS 63 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

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. 235
10. Date deceased last worked at this occupation (month and year) Apr 24 1874
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME James Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Louise Warden

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

17. INFORMANT (ADDRESS) J. J. Logan
St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Dec 5 1937

19. UNDERTAKER (ADDRESS) Hutchinson
St. Louis Mo

20. FILED Dec 5 1937 Veda Mcbracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935 to Dec 3 1937
I last saw her alive on Nov 28 1937 Death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance were as follows:

Dropsy general Date of onset 1 mo
Advanced arterio-sclerotic 2 yrs
myocardial degeneration
Other contributory causes of importance: of heart

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
(Specify city or town, county, and State)

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

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) R. E. Merrens M. D.
(Address) St. Louis Mo

N. B.—Every item of information should be fully 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.

Dr. H. H. H.