

REC'D MAR 7 4 1938

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

4903
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis.** (d) Street No. **St. Anthony Hospital** Registered No. **1548**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Anna Woods 320
(a) Residence, No. **3917 Louisiana Ave.** St. **16**
(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 **Anthony J. Woods**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 6, 1889**

7. AGE YEARS **48** MONTHS **7** DAYS **5** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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) **Indianapolis** (STATE OR COUNTRY) **Ind. 1**

FATHER 13. NAME **Frank Brauner** **6**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **6**

MOTHER 15. MAIDEN NAME **Theresia Grander**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Anthony J. Woods** (ADDRESS) **3917 Louisiana Av.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter and Paul Cem. DATE Feb. 14, 1938**

19. FUNERAL DIRECTOR **J. H. Belknap & 2nd St. Co.** (ADDRESS) **2842 Maramec St.**

20. FILED **FEB 13 1938** **J. P. Bradlock**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 11**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 30**, 19**38**, to **Feb 11**, 19**38**

I last saw her alive on **Feb 11**, 19**38** Death is said to have occurred on the date stated above, at **3:30 p.m.**

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

Cerebral Haemorrhage Date of onset **1-30-38**

Other contributory causes of importance: **Arterio-sclerosis** **unknown**
Hypertension **unknown**

Name of operation **none** Date of.....
What test confirmed diagnosis? **coruse** 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? **no**
If so, specify.....

(Signed) **W. A. Grander**, M. D.
(Address) **3318 S. Grand**

WHILE LIVING WITH ON-READING 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)