REC'D MAY 10 1938

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

13415
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Deaconess Hospital 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.

Registration District No.
Primary Registration District No.
Registered No. 4019

2. PRINT FULL NAME Anna H. Trasher 626
(a) Residence, No. 4022 McPherson Avenue St. 19
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1882

7. AGE: About 56 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as saw mill, bank, etc. Pyro-Sana Co.
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) England 4

FATHER
13. NAME William Reed Trasher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marblehead Massachusetts 1

MOTHER
15. MAIDEN NAME Jennie Hunt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. W. R. Trasher 4458 Malden St., Chicago, Ill

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE April 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wagoner Und. Co. 3621 Olive Str.

20. FILED APR 30 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to Apr 26, 1938
I last saw her alive on Apr 26, 1938. Death is said to have occurred on the date stated above, at 4:05 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast & Gen carcinoma of left lung
Primary seat in left breast

Date of onset

Other contributory causes of importance: 50

Name of operation ✓ Date of
What test confirmed diagnosis? None Was there an autopsy? no

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) O. H. Campbell, M. D.
(Address) 3741 Grandel St

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

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.)