

REC'D JUN 9 1938

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

Do not use this space.

16356

4217

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. St. Anthony's Hospital)

File No.....

Registered No.....

St. .... Ward)

2. FULL NAME <sup>326</sup> Sister M. Anna (Elizabeth Bruch)(a) Residence, No. St. Anthony's Hospital 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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) June 7, 18577. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 11 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Data 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) Picklissen, Trient, Rhein Prov., Germany13. NAME Mathias Bruch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Anna Maria Zender16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Sister M. Ludgera Leup  
3520 Chippewa, St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE SS. Peter & Paul Cem May 9, 1938.19. UNDERTAKER (ADDRESS) J. H. Bredeek & Co  
2842 Meramec Street20. FILING DATE MAY - 8 1938 J. H. Bredeek Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7, 193822. I HEREBY CERTIFY, That I attended deceased from 5/3, 1938 to 5/7, 1938I last saw him alive on 5/6, 1938 Death is said to have occurred on the date stated above, at 12:50 a.m.

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

Canceroma of sigmoid colon Date of onset ?Other contributory causes of importance: obstruction of bowels 5/5/38operation 5/6/38Name of operation Colostomy Date of 5/6/38What test confirmed diagnosis? operation 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? no If so, specify.....(Signed) Phie H. Eberer M. D. (Address) 3115 S. Grand av.

This certificate is a public document and its contents are a matter of public record. It is to be preserved in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Signed *Herman A. Gebken*

Licensed embalmer No. 2120.