

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.

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo

(No. 3939 N. 22nd St.)

File No.....

16703

Registered No.....

4564

St. .... Ward)

2. FULL NAME Annie Elser

(a) Residence, No. 3939 N. 22nd St. St. 20 Ward. (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19th, 1867

7. AGE YEARS 71 MONTHS I DAYS 30 28 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.

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) Ohio

13. NAME Christopher Thurman

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

15. MAIDEN NAME Margaret Galloway

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

17. INFORMANT Wm. Elser (Son) (ADDRESS) 3939 N. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Ill DATE May 20th 38

19. UNDERTAKER Kraeger-Voss-Fix, Inc. (ADDRESS) 3402 N. Kingshighway

20. FILED MAY 18 1938 J. D. Brubaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY That I attended deceased from March 20, 1938, to May 17, 1938

I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, at 6:30

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

Subacute Bronchitis Date of onset 2 mos ago

Other contributory causes of importance: 106

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify Arthur J. Klempf M. D.

(Address) 3834 p. Long am

Em Blank signed