

WED JUN 9 1938

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

17121
Do not use this space.

791
1008

Registered No. 4982

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. St. Anthony's 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.

2. PRINT FULL NAME Anna Mittendorf
(a) Residence, No. 5640 Devonshire Ave. St. 14
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

13. NAME William Pelican

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna Vortruba

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

17. INFORMANT Emil H. Mittendorf (ADDRESS) 5640 Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 5-31 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED J. B. Bredack Local Registrar

MAY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-19-38, 1938 to 5-28-38, 1938
I last saw her alive on 5-28-38, 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis (Date of onset 1 year ago)
Cerebral hemorrhage (Date of onset 1 day ago)
(left-sided hemiplegia)

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) O. C. Pfeiffer, M. D.
(Address) 1523 S. Kingshighway

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed: *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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.)