

REC'D JUL 12 1938

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

19889

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. **2618a Armand Pl.** Registered No. **5028**
 (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 Kiburz**

(a) Residence, No. **2618a Armand Pl.** St. **23**
 (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) **Jan. 16, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
68 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 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 Kiburz**
 14. BIRTHPLACE (CITY OR TOWN) **Switzerland** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **Switzerland** (STATE OR COUNTRY)

17. INFORMANT **John Kiburz**
 (ADDRESS) **2618a Armand Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **6-2**, 19**38**

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuary**
 (ADDRESS) **4228 S. Kingshighway**

20. FILED **JUN 1 1938** **J. F. Bieder**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-31**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **May 20th.**, 19**38**, to **May 31st.**, 19**38**

I last saw her alive on **May 31st.**, 19**38** Death is said to have occurred on the date stated above, at **1:15 A.M.**

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

Acute myocarditis and acute Edema of the lungs caused by cholelithiasis

Date of onset **May 30**
19**38**

Other contributory causes of importance:

Chronic cholecystitis, no stones **Several**
Localized peritonitis **years**

Name of operation **None** Date of.....What test confirmed diagnosis? **All usual** 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) **W. J. Jingle**, M. D.(Address) **2278 S. Jefferson**

221800 No. 4216

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Edward M. Hermett

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.