

REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHNardin
Do not use this space.

22866

File No. _____
Registered No. 115
St. _____ Ward _____

1. PLACE OF DEATH

92 County St Charles
Township _____
City St Charles (No. _____)Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME

Anna Anderson(a) Residence, No. 511 Clark
(Usual place of abode)St. 3 Ward _____

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. (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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF John A. Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Sidney, Ohio13. NAME Peter Wagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alace LoRaine Germany15. MAIDEN NAME Mary Magdalena Berhardt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alace LoRaine Germany17. INFORMANT (ADDRESS) John A. Anderson
St Charles Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE August 6, 193819. UNDERTAKER (ADDRESS) H.C. Hallmeyer & Sons Co
St Charles Mo20. FILED 8/4 1938 Clarence B. Messler
Registrar, A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 193822. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Aug 3rd, 1938
I first saw h. er alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Carcinoma of Breast
50 in
35 yrs

Other contributory causes of importance:

Name of operation Radiation Date of Aug 3rd
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes23. 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) T. P. Nardin, M. D.
St Charles, Mo.

6

1913

1914

1915

1916

C. R. R.

1917

1918

1919

1920

1921