

REC'D NOV 16 1938

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

34410  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 1003  
(b) Township St. Louis 1 Primary Registration District No. 9396  
(c) City St. Louis (d) Street No. 5114 Levee Registered No. 9396 St. Mo  
(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 Bloss  
(a) Residence, No. 5114 St. Louis Ave St. Mo  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1867  
7. AGE YEARS 71 MONTHS 2 DAYS 7 If LESS than 1 day, .....hrs. or .....min.

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. Housework  
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) St. Louis Mo

FATHER 13. NAME John Lambert

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

MOTHER 15. MAIDEN NAME Mary Lambert

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

17. INFORMANT (ADDRESS) Mrs. Julius Higgins 2237 Washburn

18. BURIAL-CREMATATION, OR REMOVAL PLACE Cathedral DATE 10/31/38

19. FUNERAL DIRECTOR (ADDRESS) Sullivan and Co 2849 No. Grand

20. FILED OCT 29 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Oct 27, 1938.  
I last saw him alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Left Lobar Pneumonia  
Chronic Myocarditis  
Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? Chest x-ray 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?  
If so, specify None  
(Signed) Geo B. Morgan M. D.  
(Address) 3442 Germain Ave

WWW-1-BURWELL WITH O-RADING-INK-THIS IS A PERMANENT RECORD  
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.

I X12004

