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

Do not use this space.

File No. 12096

Registered No. 27

Registration District No. 757

Primary Registration District No. 5998

1. PLACE OF DEATH
County St. Charles 3
Township St. Charles 2
City ... (No. ..., ... St. ... Ward)
Usual Residence Home

2. FULL NAME 153 Mrs. Anna Abendroth

(a) Residence, No. ... St., ... Ward. St. Jacob, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF August Abendroth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	11	25	

OCCUPATION

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) Illinois

FATHER

13. NAME Charles Dressel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Havre, France

MOTHER

15. MAIDEN NAME Elizabeth Braun

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

17. INFORMANT (ADDRESS) Mrs. Theophil Stoerker

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Jacobs Ill DATE 3-26 1939

19. UNDERTAKER Albert H. Hoppe
(ADDRESS) 4700 Washington St Louis

20. FILED 3/23/39 19... Clarence B. Master
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14th, 1939, to Mar 23rd, 1939

I last saw her alive on Mar 22, 1939. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Broken Compensated Thrombosis due to	1/31 1939

Other contributory causes of importance:

1) Chronic Myocarditis
2) " nephritis
3) Senility Art. Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Signs & Symptoms 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) A P Fred Schenk, M. D.

(Address) 179 St Charles Mo.

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.