

JAN 10 1938

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

43101
Do not use this space.
11351

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 2850 Indiana 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 84 yrs. mos. ds.

2. PRINT FULL NAME

Anna Karl
(a) Residence, No. 2850 Indiana St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Michael Karl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 19
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME Joseph Posel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Anna Penner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Michael Karl
2850 Indiana Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. S. S. City & Vault DATE 12-10-37

19. FUNERAL DIRECTOR (ADDRESS) With Bro. & W. Co.
2929 S. Jefferson Av.

20. FILED DEC 9 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 7 1937.
I last saw him alive on Dec 7 1937. Death is said to have occurred on the date stated above, at 11:25 m.

The principal cause of death and related causes of importance were as follows:
Terminal Bronchitis
Pneumonia
Date of onset Dec 7 1937
Other contributory causes of importance:
Chronic Bronchitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Wanted Physician M. D.
(Signed) W. J. Davis (Address) 724 S. D. Ave.

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.

899

STATEMENT BY LICENSED EMBALMER

I, Paul Q. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul Q. Shanklin

..... L. E.

No. 3472 or by Registered Apprentice No.

working under my personal supervision.

Signed Paul Q. Shanklin

Licensed Embalmer No. 3472

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.)