CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

DEC 12 1938

37643
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9970
(c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 40 yrs. 11 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Anna Custer
(a) Residence, No. 3017 Indiana Ave. St. 24
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Custer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-19-1897
7. AGE: YEARS 40 | MONTHS 11 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housework
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Charles Hartman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berlin, Germany

MOTHER
15. MAIDEN NAME: Caroline Harmony
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pinkneyville Illinois

17. INFORMANT (ADDRESS): H.C. Gehrand, M.D. 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem. DATE Nov. 19, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Witt Bros Ltd Co. 9929 S. Jeff
20. FILED NOV 18 1938 19 J. A. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 11-17-38, 19
I last saw her alive on 11-17-38, 19 Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gangrene of ~~lunch~~ Lung 11-1-38 x resulting from pulmonary infarction caused by chronic myocarditis.

Other contributory causes of importance:
Post Encephalitis (Parkinsoniam) 7-1-38x

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

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 .....
(Signed) Henry C. Gehrand, M.D.
(Address) 5300 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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, Paul A. Shanklin, or by

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

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9979 S Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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