DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31191

Registration District No. 1003 OCT 14 1939 791

Primary Registration District No.

Registrar's No. 8254

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3628 Morganford Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3628 Morganford Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME ANNA MUSSLER 24

3. (b) If veteran, name war - - -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anton Mussler

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February (Month) 19 (Day) 1870 (Year)

8. AGE: Years 69 | Months 7 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Pommern (City, town, or county) Germany (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER
12. Name Carl Doering
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Deutsch
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Anton Mussler
(b) Address 3628 Morganford Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beidermeier Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) SEP 26 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23
year 1939 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 2, 1938, to Sept 23, 1939
that I last saw her alive on Sept 22, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul R Kongelman (M. D. or other)
Address 3507 Potomac Date signed 9/25/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 X19511

Dr. PR. Kon[illegible]
35.07 Pottinee
Lachie 6874

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.)

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