DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34377

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8915

1. PLACE OF DEATH:

(a) County St. Louis NOV 13 1939

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

(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7329 So. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Beckermann 21.5

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased June (Month) 2 (Day) 1875 (Year)

8. AGE: Years 64 Months 4 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business 0

FATHER
12. Name Theodore Dornbush 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Konw (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm E. Beckermann
(b) Address 3638 Fillmore St.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J H Gebken
(b) Address 2630 Gravois Ave.

19. (a) OCT 20 1939 (Date received local registrar) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1939 hour 9 minute 05 P M.

21. I hereby certify that I attended the deceased from 10-13, 1939, to 10-18, 1939;
that I last saw her alive on 10-18, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right lobar pneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): General debility	
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) No
(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 Bernard Plock M.D. (M. D. or other)
Address 3527 Osage St Louis Date signed 10-19-39

(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.

Rev. 5-17-39 I X19511

E. Plank
3956 [illegible]

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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.