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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1939 DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37668

Registration District No. 701 | Primary Registration District No. | Registrar's No. 9507

1. PLACE OF DEATH: 1003 3

(a) County

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

(c) Name of hospital or institution: 5647 Maple Ave. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DEECEASED: 1

(a) State Missouri (b) County

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

(d) Street No. 4639 Carrie Ave. 9 (If rural, give location)

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

3. (a) PRINT FULL NAME Anna Wagner 251

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 1 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 5

10. Usual occupation Housework

11. Industry or business 6

MOTHER FATHER

12. Name John Bockstigel 6

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

14. Maiden name Anna Bierman

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

16. (a) Informant's own signature Mrs. Lang

(b) Address 4639 Carrie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5077 Durant

19. (a) NOV 7 1939 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6, year 1939 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from June 5, 1939 to November 6, 1939; that I last saw her alive on November 6, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Carcinoma of rectum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address City Hospital Date signed

(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.

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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 J. S. Sullivan

Licensed Embalmer No. 1122

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.