

FEB 17 1940

791

Registration District No.

1000

Primary Registration District No.

Registrar's No.

31

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community life
years, months or days)

8. (a) PRINT FULL NAME Anna States 332

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 married

6. (b) Name of husband or wife Roy States 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 30 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>7</u>	<u>1</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Philip Reuter

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

14. Maiden name Louies Brinkman

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

16. (a) Informant's own signature Roy States

(b) Address 4916 Sunshine

17. (a) Burial (b) Date thereof Jan. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director John G. ...
(b) Address 7027 Gravois Ave

19. (a) JAN 3 1940 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2
(d) Street No. 4916 Sunshine (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1940 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 19 to 19 ;
that I last saw h. alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of Mercury Poison

Due to Self administered at her home 4916 Sunshine St on

Other conditions (Include pregnancy within 6 months of death)
Jan 1st 1940 at about

Major findings: 4:40 AM

Of operations 4:40 AM

Of autopsy Suicide

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) Suicide

(b) Date of occurrence Jan 4 1940

(c) Where did injury occur? Home
(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)

(e) Means of injury Home

23. Signature J. B. ... (M. D. or other)

Address Deputy ... Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

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.

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Gravois

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.