

MAY 15 1940

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(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:  
St. Anthony's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 33 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3520 Chippewa St.  
 (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
 year 1940 hour 6:15 minute A. M.  
 21. I hereby certify that I attended the deceased from Feb 1  
1940 to April 19, 1940  
 that I last saw her alive on April 18, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Duration 4-18-40

Due to arterio-sclerosis unknown

Due to \_\_\_\_\_

Other conditions 139a  
 (Include pregnancy within 3 months of death)

Major findings: Overeen cyst -  
 Of operations uterine Fibroma  
 Of autopsy none  
non malignant

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: none  
 (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature H. J. ... (M. D. or other) \_\_\_\_\_  
 Address 3318 B Grand Date signed 4-19-40

3. (a) PRINT FULL NAME

Annie Stoop 310

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased November 16, 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 3 hr. min.

9. Birthplace Flums, Switzerland 7  
 (City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

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

16. (a) Informant's own signature Sister M. Ludwig

(b) Address 3520 Chippewa St. St. Louis

17. (a) Burial (b) Date thereof Apr. 22, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cemetery

18. (a) Signature of funeral director H. J. ...

(b) Address 2842 Meramec St.

19. (a) APR 20 1940  
 (Date received local registrar)

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 Me

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

Signed Loren E. Perez

Licensed Embalmer No. 6094

2842 Meramec St.

P. O. Address St. Louis, Mo.

**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.**