

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17297

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4775

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3838 Texas Ave. 13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA STAUDER 336

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

7. Birth date of deceased July 17 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 14 hr. min.

9. Birthplace Germany - 6
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Becker

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Francis Anslinger

15. Birthplace Germany 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Becker

(b) Address 3649 Marine Ave.

17. (a) Burial (b) Date thereof June 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. Kubler Son & Und. Co.

(b) Address 2842 Meramec St.

19. (a) MAY 31 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3649 Marine Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/15/40
_____, 19____, to 5/31/40, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenia Duration _____

Due to Chronic Interstitial Nephritis

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) _____

(e) Means of injury _____

23. Signature John D. Smith (other) _____

Address 4930

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.....

Robert F. Gebken

....., Registered Apprentice No. **187**

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. **2120**

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.