

Registration District No. **438**

Primary Registration District No. **5633**

Registrar's No. **101**

FILED SEP 23 1940

1. PLACE OF DEATH:

(a) County Laurie
(b) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 days
(Specify whether
In this community 86 days
years, months or days)

8. (a) PRINT FULL NAME

Anna Marie Beiser

8. (b) If veteran,

name war no

3. (c) Social Security

No. 492-09-7647

4. Sex Female

5. Color of hair White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Oct 7th 1919
(Month) (Day) (Year)

8. AGE: Years 20 Months 10 Days 11
If less than one day hr. min

9. Birthplace: St Marys Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Factory worker

11. Industry or business combustible

12. Name John Andrew Beiser

13. Birthplace St Marys Mo
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Bahr

15. Birthplace St Genevieve Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Record
(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 8/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Genevieve Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address 724 Vernon St

19. (a) 8/19/40 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Genevieve
(c) City or town St Genevieve
(If outside city or town limit, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18th
year 1940 hour 7:50 minute P M.

21. I hereby certify that I attended the deceased from May 25th 1940 to Aug 18 1940
that I last saw her alive on Aug 18th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration three years

Due to _____
Due to 7-8
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 43

(Specify type of place)
While at work? _____ (e) Means of injury _____

28. Signature W. Stocker (M. D. or other) _____
Address W. Vernon Mo Date signed 8-18-40

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

5

RECEIVED

District Health Officer No. 6,

District File Number 940-2543

Date Filed SEP 6 1940

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

George B. Orr

Licensed Embalmer No.

946

P. O. Address

7th Yeman

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.