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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

7911402

STANDARD CERTIFICATE OF DEATH

30069

State File No. 7346

Registration District No. 7911402

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
1444 Chambers St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None ²
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis ²⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 1444 Chambers St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years

3. (a) PRINT FULL NAME Elizabeth Hansmann Carter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1940 hour ? 9:24 minute 17 M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Carter

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 25, 1884
(Month) (Day) (Year)

that I last saw h..... allve on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>7</u>	<u>5</u> hr. min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

10. Usual occupation At home

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Michael Hansmann

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

14. Maiden name Rose Denz

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

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?.....

16. (a) Informant Charles Carter

(b) Address 1444 Chambers St.

17. (a) Burial (b) Date thereof 9/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

While at work?.....
(Specify type of place)

(e) Means of injury 5

23. Signature Joseph M. Deane (M. D. or other)
Address Deputy Coroner Date signed.....

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 2 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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

William G. Buchhe

Licensed Embalmer No.

2110

P. O. Address

St. Louis

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, fact should be so stated above.