

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33040

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1672

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gould Worth Conv. Home 8950 Manchester Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days 30
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 2520 High School Drive
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Horstmannshoff Hermann

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 20 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>7</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name William Linders

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

14. Maiden name Dooley

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

16. (a) Informant Mrs. Leo Meyer

(b) Address 4660 Lee Ave St Louis Mo

17. (a) Burial (b) Date thereof Sept 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) SEP - 3 1940 (Date received local registration)

(b) E. L. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 3:15 minute A M.

21. I hereby certify that I attended the deceased from 7-20-'40
to Sept. 2 1940
that I last saw her alive on Sept. 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal PNEUMONIA BRONCHIAL

DURATION 3 days

Due to _____

Due to _____

Other conditions Accidental fracture of neck
(Include pregnancy within 3 months of death)

2 left hip in own home

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-20-'40

(c) Where did injury occur? Brentwood (St. Louis) Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature E. L. Meyer (M. D. or other) _____

Address 8825A Manchester Date signed 9-2-40

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 _____

Licensed Embalmer No. 2737

P. O. Address 1936 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, above space should be left blank.