

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33527

State File No.

8224

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Desconest Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two 2 days
(Specify whether
In this community Two 2 days
years, months or days)

3. (a) PRINT FULL NAME Anna Egle

3. (b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles T. 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased June 9 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business 60

12. Name Henry Freese

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

14. Maiden name Unknown

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

16. (a) Informant Charles Egle

(b) Address Hermann Mo.

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

(c) Place: burial or cremation Hermann Mo

18. (a) Signature of funeral director Resdiger Funeral Home

(b) Address Hermann Mo

19. (a) OCT 2 1940 (b) J. B. Bittich
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL") NR
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1940 hour 8 minute P.

21. I hereby certify that I attended the deceased from Aug 12 1940, to Oct 1 1940; that I last saw her alive on Oct 1 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Toxic Goiter

Due to 60

Other conditions Phthisis (Tuberculosis)
(Include pregnancy within 3 months of death)

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?

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

23. Signature J. B. Bittich (M. D. or other)

Address 3720 Washington Blvd Date signed 10-2-40

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

Howard F. Rowland

Licensed Embalmer No. *2114*

P. O. Address *Stennis 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, fact should be so stated above.