

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34000
8697

Registration District 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3112 Fair Ave.
(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 Ida Anslyn.

3. (b) If veteran, name war No. 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 Late William Anslyn. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7th, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 13 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

12. Name Unknown Dreaksage.

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

14. Maiden name Unknown.

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

16. (a) Informant Tom G. Anslyn.

(b) Address 2511 Prairie Ave.

17. (a) Burial (b) Date thereof 10-22-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. Leidner and Co.

(b) Address 2223 St. Louis Ave.

19. (a) Oct 22 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. 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3112 Fair Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1940 hour 1 o'clock minute P M.

21. I hereby certify that I attended the deceased from Oct 6
_____, 19 40, to Oct 20, 19 40

that I last saw h. ex alive on Oct 9
and that death occurred on the date and hour stated above

Immediate cause of death Cancer of breast with metastasis to lung

Due to _____

Due to _____

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

Major findings: Cancer of breast

Of autopsy _____

Duration

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?

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

23. Signature B. H. Killek (M. D. or other)

Address 3121 Grand Date signed 10/21/40

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

In Kilbuck 3121 N. Grand.
Feb 12 44. 2-4 P.M.

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 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.