

STANDARD CERTIFICATE OF DEATH

State File No. 40399

JAN 15 1941

791

Primary Registration District No. 1003

Registrar's No. 10170

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Firmin Desloge  
(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 Anna Hilf

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased August 13 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business D

12. Name Henry Hagedorn

13. Birthplace St. Louis Missouri  
(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 Juluis Hilf

(b) Address 2723 S. Compton

17. (a) Burial (b) Date thereof 12-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Va lhalla Cemetery

18. (a) Signature of funeral director H. Kern U. & Co.

(b) Address 2707 N. Grand Ave.

19. (a) DEC 11 1940 (b) J. H. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis, Missouri 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2723 S. Compton  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-10-40 day \_\_\_\_\_ year \_\_\_\_\_ hour 6:30 A.M. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 12-5-40 to 12-10-40 that I last saw her alive on 12-10-40 and that death occurred on the date and hour stated above.

Immediate cause of death  
Bilateral pyelonephritis  
Rt. perinephritic abscess  
Due to non calculous

Due to \_\_\_\_\_  
Other conditions 1330  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Bilateral pyelonephritis  
Rt. perinephritic abscess

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

While at work? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature Geo. W. Lynn (M. D. or other) \_\_\_\_\_  
Address Annun. Desloge Hosp Date signed 12-11-40

Duration  
of infection

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**