No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40567

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10338

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2213 Lynch St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2213 Lynch St. 24
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA HARMANN

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 Widowed

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

7. Birth date of deceased December (Month) 9 (Day) 1860 (Year)

8. AGE: Years 80 Months - Days 6 If less than one day hr. min.

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

10. Usual occupation At Home 6

11. Industry or business 6

MOTHER FATHER

12. Name Joseph Schaff

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

14. Maiden name Regina Pilsken

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

16. (a) Informant Bernard Harmann

(b) Address 2213 Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. A. Hubken Fun. & Und. Co.

(b) Address 2630 Gravois Ave.

19. (a) DEC 17 1940 (Date received local registrar) (b) J. M. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1940 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct 9 - 1939, 19..., to Dec 15, 1940 that I last saw her alive on Dec 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hrs
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Yunoman (M. D. or other)

Address 4602 Gravois Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

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