No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Co. Code 4297

State File No. 4297

FEB 14 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 189

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

96
3
1

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Overland Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3816 Marvin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland Mo. 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. 3816 Marvin. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ANNA MARY JOSEPHINE BROCKMEYER

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 4, ~~1875~~ 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 21 If less than one day — hr. — min.

9. Birthplace Biehle Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business Home
FATHER
12. Name Henry Schuemer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Anna Grotthoff
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Herman Brockmeyer
(b) Address 3427 Westridge Lane
Overland Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/26/41
(Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo.
18. (a) Signature of funeral director Baumann Bros
(b) Address 2504 - Woodson Rd Overland Mo
19. (a) JAN 26 1941 (Date received local registrar) (b) T R Mayer M.D. Pk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 1941 hour 12 minute 05 P M.

21. I hereby certify that I attended the deceased from January 10th, 1941, to January 25th, 1941; that I last saw her alive on January 25th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	15 days
Due to Arterio-sclerosis	1 yr.
Due to 94 W	
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 H. T. Coleman M.D. (M. D. or other) 2
Address Pattonville Mo. Date signed Jan 25.41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland M

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.