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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 4945
Registrar's No. 1193

Registration District No. 791 I Primary Registration District No. 1003

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:
2241 a St. Louis 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 Life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Anna M. Tranel
3. (b) If veteran, name war None 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 Henry Tranel (deceased) 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Nov. 5th, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 29 hr. min.

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

10. Usual occupation Housework.

11. Industry or business At Home.

12. Name Francis Brockland.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L McLean
(b) Address 2241 a St Louis Ave

17. (a) Burial (b) Date thereof Feb. 6, '41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Brockland Und. Co
(b) Address 1827 Hogan St.

19. (a) FEB 5 1941 (b) J. W. Redeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri. (b) County 17
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 20
(d) Street No. 2241 a St. Louis Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd,
year 1941 hour 3:10 minute PM.

21. I hereby certify that I attended the deceased from Feb 3rd to Feb 3rd, 1941.
that I last saw alive on 1/29/41 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr

Due to arteriosclerosis

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) no
(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) Manner of injury D.

23. Signature B. Shauline (M. D. or other) D.
Address 1574 S. Jefferson Date signed 2/4/41

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

MOTHER FATHER

APR 3 1949

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. J. Burnley*
Licensed Embalmer No..... *4202*
P. O. Address.....

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.