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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5561

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1809

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

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: Enroute City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

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

(d) Street No. 3941 Shenandoah 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No Attending Physician years.

3. (a) PRINT FULL NAME Maud Garthaffner

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 2 Widowed

6. (b) Name of husband or wife Christ

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

7. Birth date of deceased March (Month) 21 (Day) 1860 (Year)

8. AGE: Years 80 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Adam Angert
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER FATHER
14. Maiden name Mary Boschert
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ann Yaeger
(b) Address 4934 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address St. Charles, Mo.

19. (a) FEB 25 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1941 hour 3 minute 25 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right Femur Arteriosclerosis, Suffered in fall at home of Mrs Elizabeth Sudhoff 3527 Juniata St. about 1:00 am Feb 12, 1941

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 186a

Major findings: Of operations 18

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) Accident
(b) Date of occurrence Feb 12, 1941 000
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home of Friend (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred J. Perry DDS (M. D. or other)
Address Deputy Coroner Date signed 2/25/41

(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 Greg W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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