

LED MAR 19 1941

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 29

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

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

3. (a) PRINT FULL NAME Anna Thie mann  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 10 1870  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
St Charles Co  
 9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_  
 12. Name John Nadler  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Dont Know  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Olto Schimmert  
 (b) Address New Melle MO

17. (a) Burial (b) Date thereof Feb 15 '41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Melle  
 18. (a) Signature of funeral director M. J. Schimmert  
 (b) Address Hawley St

19. (a) 2-13-41 (b) Lawrence J. Hecker  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County St Charles  
 (c) City or town New Melle  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? do not know years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 12  
 year 1941 hour 7 minute 30 A M.  
 21. I hereby certify that I attended the deceased from Feb 11  
 1941 to Feb 12 1941  
 that I last saw her alive on Feb 11 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esophagus  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions malnutrition  
 (Include pregnancy within 3 months of death)  
 Major findings Myocardial Degeneration  
 Of operations \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Wm A Schumler (M. D. or other) MD  
 Address St Charles, Mo Date signed 2/12/41

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**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. 2441

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, above space should be left blank.**