

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 23

FILED JUL 18 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Rock

(c) Name of hospital or institution: no

(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town rural near Fenton Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. Kirkwood Route 12

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA BAST

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 married

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 4 1873

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Oakville Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name John Schierhoff

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Barbara Brook

(b) Address Fenton Mo.

17. (a) burial (b) Date thereof 6/7/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Kenneth W. Koch

(b) Address Fenton Mo.

19. (a) June 6 1941 (b) Phil J. Kirk

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5

year 1941 hour 6:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 13, 1936 to June 5, 1941

that I last saw her alive on June 3, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary sclerosis 2 yrs

Diabetes Mellitus 6 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) bl

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Edward Jungman (M. D. or other)

Address Springton Mo. Date signed 6/6/41

Duration

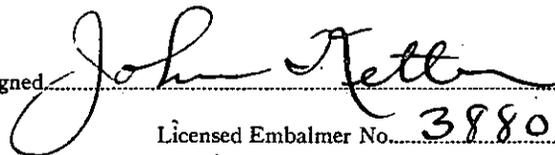
PHYSICIAN

Underline the cause to which death should be charged statistically.

2192

**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. 3880

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.**