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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 18 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4434 Bircher Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Samel

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 Married

6. (b) Name of husband or wife William Samel 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 3, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>15</u>	hr. min.

9. Birthplace Nashville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Henry Arnsmeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Caroline Suedmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Samel
(b) Address 4434 Bircher Blvd.

17. (a) Burial (b) Date thereof Sept. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) SEP 20 1941 (b) J. J. Buedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th,
year 1941 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 29
1941 to Sept. 18 1941;
that I last saw her alive on Sept 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
Due to
Due to

Other conditions Toxic Goiter - 10 days Postop.
(Include pregnancy within 3 months of death)

Major findings: Toxic Goiter
Of operations
Of autopsy

Duration
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Robert W. Brantley (M. D. or other) MD
Address University Club Bldg. Date signed 9/18/41

12.7 PM
University Club Bldg

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.....

John A. Melnar....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melnar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis, Mo.*.....

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.