No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39493

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2295

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Berliner Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Overland (If outside city or town limits, write "RURAL")
(d) Street No. 10460 Thorpe. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME August Panhorst
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Amelia
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. (Month) 15 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	26	hr. min.

9. Birthplace New Melle Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name John Panhorst
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unk Wenker
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Orlando Panhorst
(b) Address 9555 Edmonds
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St John's Cem.-St Charles Mo
18. (a) Signature of funeral director Ortmann Funeral
(b) Address 9222 Lackland Overland Mo
19. (a) NOV 13 1941 (Date received local registrar) (b) E. G. McGarvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1941 hour minute 630 A M.
21. I hereby certify that I attended the deceased from Nov. 5, 1941, to Nov. 11, 1941; that I last saw him alive on Nov. 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis - from history	2 yrs.
Due to Art	
Due to	
Other conditions Arteriosclerosis - (Include pregnancy within 3 months of death)	

Major findings: Of operations None
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? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Roy A. Walther (M. D. or other) M.D.
Address 2438 Hodson Rd. Date signed 6-11-41

101 (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.....Al C. Ostmann.....

Licensed Embalmer No.....3478.....

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.