S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4307

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1968

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:
Little Flower Retreat House 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis, 23 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2817a Victor Street, House 4
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna B. Erdmann

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 Widow

6. (b) Name of husband or wife John Erdmann

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

7. Birth date of deceased November (Month) 17, (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	3	15	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

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

MOTHER
14. Maiden name Don't know
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Bauer
(b) Address 2819a Victor Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Gibbons Son Und Co
(b) Address 2630 Gravois

19. (a) MAR 3 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 2/23/42, 19 , to 3/2/42, 1942
that I last saw her alive on 3/2/42, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	7 days
Due to Arterior Sclerosis	
Chronic Myocardial Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)

(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 0

23. Signature Paul B. Webb (M. D. or other) M D

Address 1920 Sidney Date signed 3/3/42

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.