

17632

FILED JUN 19 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 135

16
1
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Loafe Girardeau

(b) City or town Loafe Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 511 Themis St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In, hospital or institution _____ (Specify whether _____)

In this community 80 years
years, months or days

3. (a) PRINT FULL NAME ANNA M BARENKAMP

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 2 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 1st 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 0 If less than one day hr. _____ min. 4

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

10. Usual occupation Stenographer

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Huering 4

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

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jr Barenkamp

(b) Address Loafe Girardeau

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Walsh Und Co

(b) Address Loafe Girardeau Mo

19. (a) 5-8-42 (Date received local registrar)

(b) F. W. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Loafe Girardeau

(c) City or town Loafe Girardeau - 16
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Themis 4
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 1942 hour 11 minute 20 PM

21. I hereby certify that I attended the deceased from 7/1/42
_____, 19____ to 5/1/42, 19____

that I last saw her alive on 5/1, 19____

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

Immediate cause of death Myocardial heart disease

Due to Arterio Sclerosis

Due to Smoking

Other conditions (Include pregnancy within 3 months of death) 92

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature F. W. Phelps (M. D. or other) _____

Address Loafe Girardeau Date signed 5/8/42

RECEIVED

District Health Officer No. 4
District File Number 642-750
Date Filed 6-15-42

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 J. S. Renter
Licensed Embalmer No. 3980
P. O. Address Cape Girardeau, 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.