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JUL 23 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22251

State File No. 0

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1535

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 207 Waller ave. (If rural, give location)

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

If yes, name country ∅

3. (a) PRINT FULL NAME Anna Germann

3. (b) If veteran, name war None

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 Jacob

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November (Month) 20 (Day) 1867 (Year)

8. AGE: Years 73 Months 7 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknow n (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jacob Germann

(b) Address 207 Waller ave Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director C Hoffmeister U & L Co.

(b) Address 7814 S. Broadway

19. (a) JUL 18 1942 (Date received local registrar) (b) E. H. McGarron M.D. B.C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-14-42, 19..., to 7-16-42, 19..., that I last saw h en alive on 7-16-42, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	1 day
Due to Syphilitic Heart Disease	Years.
Due to	
Other conditions (Include pregnancy within 3 months of death) 30 e	
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 John D. Matthew (M. D. ~~or other~~)

Address St Louis County Hosp Date signed 7/17/42

-65
/23/42

707

(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 Edward H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.