S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG. 20 1942

Registration District No. 791

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25891

Registrar's No. 6729

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5632 Wabada Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Harbert

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lon Harbert

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 14, 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Donnelly
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant Lon Harbert
(b) Address 5632 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 10 1942 (Date received local registrar) J. F. Branch (Registrar's signature)

944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6, year 1942 hour 3:00 minute 25 P. M.

21. I hereby certify that I attended the deceased from August 3, 1942 to Aug. 6, 1942 that I last saw her alive on Aug. 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy the above.	

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) None

(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 (c) Means of injury 0

23. Signature [illegible] Wade (M. D. or other)

Address 1 515 Lafayette Date signed 8/7/42

(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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.