

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1

NOV 6 1942

Registration District No. 104

Primary Registration District No. 200

Registrar's No. 2053

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester

(c) Name of hospital or institution: Pine Crest Nursing Home Div. # - 2
(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 4 Days

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 17

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

(d) Street No. 1816 Hickory St. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME ANNETTE HARRIS

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, Widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 6 - 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Coulterville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own home

12. Name Wm. S. Wisely

13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Adeline Stan

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

16. (a) Informant Mrs. J. P. Cundlark

(b) Address 519 N. 30th St. East St. Louis, Mo.

17. (a) Burial (b) Date thereof Oct. 5 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. St. Louis, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Baldwin, Mo.

19. (a) Oct - 4 1942 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1942 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 29th 1942 to October 2nd 1942
that I last saw her alive on October 2nd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to 93rd

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 R. W. Jansen (M. D. or other)

Address Manchester, Mo. Date signed 10/9/42

NOV 9 1942

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

Theo Schrader

Licensed Embalmer No

3064

P. O. Address

Belleme, 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.