

38464

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10346
Registrar's No. _____

FILED DEC 21 1942
Registration District No. 312

Primary Registration District No. 1000

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Anthony's Hospital
(d) Length of stay: In hospital or institution 11 days
In this community 4 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Baudendistel
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 widowed
6. (b) Name of husband or wife Bernhart 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 14 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bernhart Baudendistel

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

14. Maiden name Anna Beck

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

16. (a) Informant's own signature _____

(b) Address 317 W. Lutton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director Judith Wood Co.

(b) Address 7420 Michigan

19. (a) DEC 11 1942 (Date received local registrar) (b) J. T. Bredeh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 317 W. Falcon Overland, Mo.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9 year 1942 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from November 30, 1942, to December 9, 1942, that I last saw h. alive on December 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion with multiple pulmonary infarcts. DeChronic Arteriosclerotic Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none
Of autopsy Pulmonary Congestion with Pulmonary Infarcts. Generalized Arteriosclerosis

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) _____ (Country) _____ (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 Orlando J. Pastore, M.D. (M. D. or other) Address 3520 Chippewa St. Date signed 12-9-42

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

REV. 5-17-30
FORM 1 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically

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13
NR!

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 Wm E Soudy
Licensed Embalmer No. 444
P. O. Address St Louis, 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, above space should be left blank.