

FILED MAR 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

D. Mills

7824

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott
(b) City or town: Sikeston mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 years
In this community: 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(d) Street No.: 115 School
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

100
5
2

3. (a) PRINT FULL NAME: Anna Marie Waldman

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: divorced
6. (b) Name of husband or wife: J.P. Waldman 6. (c) Age of husband or wife if alive: 22 years
7. Birth date of deceased: Jan. 22 1877
(Month) (Day) (Year)

8. AGE: Years: 26 Months: 0 Days: 23 If less than one day: hr. min.

9. Birthplace: St. Louis mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: August Schallich
13. Birthplace: Germany
14. Maiden name: Don't know
15. Birthplace: Germany

16. (a) Informant: E.P. Waldman

(b) Address: Sikeston

17. (a) Burial (b) Date thereof: 2-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery Sikeston

18. (a) Signature of funeral director: Wells Funeral Home

(b) Address: Sikeston mo

19. (a) 2/20/43 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 15
year: 1943 hour: 1 minute: 15 P.M.

21. I hereby certify that I attended the deceased from 2/13 1943 to 2/15 1943

that I last saw her alive on 2/15/43 and that death occurred on the date and hour stated above.

Immediate cause of death: diabetes

Due to: old age

Due to:

Other conditions: 61
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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: D.M.C. Mill (M. D. or other)

Address: Sikeston Mo Date signed: 2/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00
230
2

1318

RECEIVED

District Health Office No. 2,

District File Number 242-263

Date Filed 8-2-43

APR 11 1945

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.....

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Lekeston 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.