V. S. No. 2
00M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11831

Registration District No. 318 — 10 MAY 14 1943

Primary Registration District No. 1003

Registrar's No. 4199

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 6 17 67

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

(d) Street No. 5622 Cote Brilliante
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Ansel

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 Widow

6. (b) Name of husband or wife Julius Ansel

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

7. Birth date of deceased Dec. (Month) 22 (Day) 1879 (Year)

8. AGE: Years 63 Months 4 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Jack Bucksbaum
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Manuel Ansel
(b) Address 5622 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) MAY 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 12 25 minute 8 M.

21. I hereby certify that I attended the deceased from May 4, 1943, to May 5, 1943 that I last saw her alive on May 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Strangulated Hernia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Strangulated loop of gut in ventral hernia
Of autopsy

Duration

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

23. Signature Glenn R Watling (M. D. ~~or other~~) MD
Address 740 S. 4 28 Louis Mo Date signed 5-5-43.

(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 Chas W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.