V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943 18

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23442

Primary Registration District No. 1003

Registrar's No. 6986

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: St. Lukes 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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 8

(c) City or town St. Louis 9 8
(If outside city or town limits, write "RURAL")

(d) Street No. 715 Gimblin St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna P. Salat

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 2

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased August 20, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	10	hr. min.

9. Birthplace Cape Gireadeau Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Phillip Kauffmann
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fredericka Grieb
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ida Salat

(b) Address 715 Gimblin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhall Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 2 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
year 1943 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 7-27 ~~7-30~~, 1943, to 7-30, 1943
that I last saw her alive on 7-30, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas with Metastasis to Liver and Abdominal Lymph Nodes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy as above

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 0

23. Signature Louis H. Jorsted (M. D. ~~or other~~)

Address 3720 Washington St Louis Date signed 7/30/43

(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 Wilford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.