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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

26199 /

State File No. 0

FILED JUL 24 1943

Registration District No. 17

Primary Registration District No. 3068

Registrar's No. 1678

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Maplewood Nursing 4 Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 004 12

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

(d) Street No. 3711a Bamberger Ave
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Anna Clara Stoehr

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 Married

6. (b) Name of husband or wife Homer W. Stoehr

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 28, 1895
(Month) (Day) (Year)

8. AGE: Years 5 ~~49~~ Months 6 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Charles Berndt
13. Birthplace Alcasce-Lorraine 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Breitenbach
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Homer W. Stoehr
(b) Address 3711a Bamberger Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 7-20-43 (Date received local registrar) (b) E. H. McLaren, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1943 hour 8:00 PM minute M.

21. I hereby certify that I attended the deceased from March 30, 1943 to July 19, 1943
that I last saw her alive on July 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	2 Days
Due to 107	
Due to	
Other conditions Rt Cerebral Hemorrhage (Include pregnancy within 3 months of death)	4-4-43

Major findings:
Of operations Operated for Recto Vaginal fistulae. DePaul Hosp. 3-31-43
Of autopsy None

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 E. J. Javaux (M. D. ~~or other~~)
Address 607 N. Grand Date signed 7-20-43

(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 Wesford T. 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.