

V. S. No. 2  
00M-2-33  
Rev. 5-17-40

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29411

State File No. \_\_\_\_\_

FILED AUG 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1890

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home H  
(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)

3. (a) PRINT FULL NAME Anna G. Telle

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Reinhold G. Telle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. July 25 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business. At Home

12. Name Emmanuel Hopper

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

14. Maiden name Caroline Rabold

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

16. (a) Informant Mrs. Ruth Trapp

(b) Address 4327 Oregon Avenue.

17. (a) Burial (b) Date thereof 8/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uniontown, Missouri.

18. (a) Signature of funeral director Young & Sons Funera

(b) Address Perryville, Missouri

19. (a) AUG 10 1943 (b) C. J. McLawson, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79  
(c) City or town Uniontown 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1, 1943, to Aug 16, 1943  
that I last saw her alive on Aug 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration \_\_\_\_\_

Due to Chronic Myocarditis 1940

Due to General Arterio Sclerosis 1940

Other conditions Diagnose & treat for 21940  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations none  
Of autopsy none 93d

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) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none  
Home While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Trapp & Puffer, M.D.  
Address 3977 S. Grand Date signed Aug 19 1943

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

PHOTO

70-1

APR 3 1944

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**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 *Ray W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

**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.**