

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29399
Do not use this space.

FILED SEP 28 1943

1. PLACE OF DEATH

(a) County..... Registration District No. 312
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 2024a Mallinkrodt Street Registered No. 8337
(If death occurred in Hospital or Institution, write its name instead of street and number) 26
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna E. Ely
2024a Mallinkrodt

(a) Residence, No. 2024a Mallinkrodt St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep't. 28, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 II 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Fred Hartwig
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Biermann
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Rose M. Ely
(ADDRESS) 2024a Mallinkrodt Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem. Sep't. 21, 1943

19. FUNERAL DIRECTOR Math Hermann & Son
(ADDRESS) 2161 East Fair Ave.

20. FILED SEP 20 1943 J. F. Brueck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep't. 18th. 1943
I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1943 to Sept 11, 1943
I last saw him alive on Sept 11, 1943 Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

Menia Date of onset 9/15/43
Chronic hypertensive gen. arteriosclerosis. yrs. ? yrs. ?
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Arthur S. S. S. M. D.
(Signed) Arthur S. S. S. M. D.
(Address) 2202 University St.

MARGIN RESERVED FOR BINDING

V. S. 50M-7-20-37 I X12004

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Walter G. Burnley
.....
Licensed Embalmer No. 4208

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.)