

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1944 8
Registration District No. _____

Primary Registration District No. _____ 1003

Registrar's No. 2875

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3606 Palm St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna H. Link
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26th
year 1944 hour 12 noon minute _____
21. I hereby certify that I attended the deceased from March 26, 1944 to March 26, 1944
that I last saw him alive on March 26, 1944 and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1879
(Month) (Day) (Year)

Immediate cause of death: Subacute Pneumonia 4 days
fracture of hip (right) 2 wk

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
about 66

Other conditions (Include pregnancy within 3 months of death) 186
Major findings or operations 18
Of autopsy _____

9. Birthplace _____ (City, town, or county) Ill (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name John Howells
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Blanche A. Bellis
(b) Address 4356 Maryland Ave.
17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental 000
(b) Date of occurrence Mar 11 1944
(c) Where did injury occur? fall down steps/3606 Palm St (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
While at work? no (Specify type of place) (e) Means of injury fell.

(c) Place: burial or cremation National Cemetery
Hy. Leidner U. Co.
18. (a) Signature of funeral director
(b) Address 2223 St. Louis Ave.

19. (a) MAR 28 1944 (Date received local registrar)
J. Z. Bensch (Registrar's signature)

23. Signature B. J. Stengel (M. D. or other)
Address 1875 Madison Date 3/27/44

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

MOTHER FATHER

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.....

Licensed Embalmer No..... *1674*

P. O. Address..... *2223 St. Louis Ave*

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.