

S. No. 2
DM-5-43
v. 5-17-39
I X36671

11898

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 16 1944

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County ST Charles

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

(c) Name of hospital or institution: 537 Jackson Street /
(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 Mrs. Anna Grasshoff

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 Christ Grasshoff

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 29, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>2</u>	hr. _____ min.

9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Diedrich Thoele

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

14. Maiden name Anna Meers

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

16. (a) Informant Christ Grasshoff

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof Feb. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Heckmann - Bonn

(b) Address 376 N 6th St St Charles, Mo

19. (a) Feb 4, 1944 (b) Ernest C. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 537 Jackson Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 30
1944 to Feb 1 1944
that I last saw her alive on Feb. 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage - apoplexy Duration 3 days

Due to _____

Due to _____

Other conditions Valvular disease of heart 11 yrs
(Include pregnancy within 3 months of death)

Major findings: mitral regurgitation PHYSICIAN _____
Of operations none
Of autopsy none
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) no

(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

While at work? no (Specify type of place) (e) Means of injury none

23. Signature Will Freeman (M. D. or other) _____

Address St Charles Mo Date signed 2-3-44

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-15-44

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 Arthur C. Baum

Licensed Embalmer No. 3155

P. O. Address St Charles 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.