S. No. 2
M--2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11978

Primary Registration District No. 6076

Registrar's No. 629

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826 Wachtel Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 826 Wachtel
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna E. Barman
3. (b) If veteran, name war
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 Thomas Barman
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April (Month) 3 (Day) 1894 (Year)

8. AGE: Years 49 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Sulphur Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Houseswife
11. Industry or business

MOTHER FATHER
12. Name Fred Gulat
13. Birthplace UNknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Thomas S Barman
(b) Address 826 Wachtel Ave. Lemay Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker Heldele U. Co
(b) Address 3634 Gravois Ave.
19. (a) MAR 14 1944 (Date received local registrar) (b) E. A. McGeveran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 th. year 1944 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from Feb 13 to March 11 1944
that I last saw her alive on March 11 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	13 mo.
Due to Carcinoma of left breast	13 mo.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of left breast and axilla.
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) None
(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
(f) Signature Max Starkloff (M. D. or other) MD.
Address 512 Dorey Bl. Date signed 3/14/44

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(Licensed Embalmer's Statement on Reverse Side)

APR 7 1944

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.