

S. No. 2
DM-5-43
V. 5-17-39
I X35671

11984

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 3 1944
Registration District No. 31944

Primary Registration District No. 3066

Registrar's No. 730

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Sunset Lane
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Sunset Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna C. Bayer

3. (b) If veteran, name war. *****

3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank X. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 15 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Wind

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

14. Maiden name Susan Steiber

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

16. (a) Informant Anna M. Frank

(b) Address 8 Sunset Lane Kirkwood Mo

17. (a) Burial (b) Date thereof March 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter and Paul

18. (a) Signature of funeral director Paetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 27 1944 (b) E. G. Mc Gowan, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day 7 March
year 1944 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10
1934 to March 20 1944
that I last saw him alive on March 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Termination of liver cirrhosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Ellis Sharp (M. D. or other) M.D.

Address 207 - Clear Bldg Date signed 3-24-44

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

96
4
3

96
7
3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

707

Pa 1 v 1

JUN 5 1944

Dr. Miller & Lester
4932 Maryland
Ro-1221

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.....
Frank J. Dwan

Licensed Embalmer No.....
2245

P. O. Address.....
2245

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.