DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944 818

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19770

Primary Registration District No.

Registrar's No. 5109

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. 5107 Wabada ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNIE HANDING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LOUIS Handing

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 18 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 14 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Anton Roehr

13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER

14. Maiden name Elizabeth Roehr

15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr Louis Handing

(b) Address 5107 Wabada ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director SULLIVAN BRO'S

(b) Address 2849 N. Euclid ave.

19. (a) JUN 4 1944 (Date received local registrar) (b) L. F. Bendeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 1942, 19..., to 6-2-44, 19...; that I last saw her alive on 6-2-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above operation 1943

Of autopsy

Duration

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)

(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

23. Signature [illegible] M.D. or other) M.D.

Address 5074 N. Union Date signed 6-[illegible]-44

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.Harry A.Klein.
5074 N.Union ave.
Mu 1030

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 Eugene H. Sullivan

Licensed Embalmer No. 2930

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.