V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23504

State File No.

FILED JUL 26 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6310

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town Saint Louis 99
(If outside city or town limits, write "RURAL")

(d) Street No. 1427 A East Prairie Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANNA UMHOEFFER

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 Widow 2

6. (b) Name of husband or wife Albert Umhoeffer 64

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

7. Birth date of deceased April (Month) 10 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Albert Meyer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Albert J. Umhoeffer
(b) Address 1427 A East Prairie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetrery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 No. 14th St.

19. (a) JUL 17 1944 (Date received local registrar) (b) J. F. Bulleck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1944 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7/13/44
, 19 , to July 14th, 1944
that I last saw him alive on July 14th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cerebro-vascular accident

Due to

Due to

83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

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 [signature] (M. D. or other)

Address 1515 Lafayette Date signed 7/15/44

(Licensed Embalmer's Statement on Reverse Side)

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: Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address: O'Bannon 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.