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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1903

State File No. _____

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10924

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Starkloff Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
42 years (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 620
 (c) City or town City of St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6434a Virginia
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME Ludovica Toennishoff

3. (b) If veteran, name war None
 3. (c) Social Security No. 488-07-2426

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3, 1902
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>5</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Matron

11. Industry or business City Schools

12. Name Henry Gannsmann

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

14. Maiden name Eva Marie Frank

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

16. (a) Informant Eva Marie Gannsmann

(b) Address 6434a Virginia

17. (a) Burial (b) Date thereof 12-23-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) DEC 22 1944 (b) J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st
 year 1944 hour 6 minut 35 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar Pneumonia
 Due to _____
108
 Due to _____
 Other conditions (Include pregnancy within 5 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 W. H. Perry (M. D. or other) _____
 Date signed 12/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

(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..... *Virgil L. Berryman*.....
Licensed Embalmer No. *4018*.....
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.