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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 16 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1259

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
3235 A OHIO AVE. /
(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 000
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(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3235 A Ohio Ave. / 27
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH *BARBER-MUSSLER

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1945 hour 12 10 A.M M.

21. I hereby certify that I attended the deceased from Feb. 2
1945 to Feb. 6, 1945;
that I last saw her alive on Feb. 5, 1945;
and that death occurred on the date and hour stated above.

4. Sex Female / race White 5. Color or 6. (a) Single, widowed, married,
9 divorced Widow

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

7. Birth date of deceased Oct 29 1871
(Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage.

Due to General arterial sclerosis.

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 3 8 hr. min.

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business housewife.

MOTHER FATHER {

12. Name George Naumann

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

14. Maiden name Mary Yochus

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

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

(a) Accident, suicide, or homicide (specify) no

(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 Mrs. R. Yee (M. D. or other)
Address 2931 Gravois ave Date signed 2/6/45

16. (a) Informant Zita Forness

(b) Address 3235 A Ohio Ave.

17. (a) Burial (b) Date thereof Feb 9th /45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. PETER & PAUL

18. (a) Signature of funeral director Thorlitz & son

(b) Address 2906 Gravois Ave.

19. (a) FEB 7 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 Albert Hoppe

Licensed Embalmer No. 2971

P. O. Address 429 N. Euclid Av

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.