3587

U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7880

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2584

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: 3201 Indiana Ave.,
(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)
In this community 79 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3201 Indiana Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Louise Justus

3. (b) If veteran, name war hO

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charle sJustus

6. (c) Age of husband or wife if Dead 72 years

7. Birth date of deceased February 28th. 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	19	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name William Dinzebach

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

14. Maiden name Marie ~~Smith~~ Schmoll

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

16. (a) Informant Marie L. Smith

(b) Address 3201 A. Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date of burial Mar 22, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation ~~3201 A. Indiana Ave~~

18. (a) Signature of funeral director Henry F. Heidenmueller

(b) Address 3201 Indiana ave

19. (a) MAR 21 1945 (Date received local registrar) (b) W. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1945 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 12, 1944, to March 19, 1945 that I last saw him alive on March 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocardele

Due to Ch Nephritis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 C. E. Mueller (M. D. or other) 3/20/45

Address 3537 S. Jefferson Date signed

(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.....

Licensed Embalmer No. 3575

P. O. Address.....

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.