

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10507

Registration District No. 305

Primary Registration District No. 4452

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Charles
(b) City or town: Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: Sixty years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Charles William Anselm

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Annie Anselm 6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: July 27 1867 (Month) (Day) (Year)

8. AGE: Years: 80 Months: 7 Days: 9 If less than one day hr. min.

9. Birthplace: Wentzville Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Bookkeeping

11. Industry or business:

MOTHER FATHER { 12. Name: John Anselm
13. Birthplace: Wentzville Mo (City, town, or county) (State or foreign country)
14. Maiden name: Weldon
15. Birthplace: Wentzville Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Burial
(b) Address: Wentzville Mo
17. (a) (Burial, cremation, or removal) (b) Date: March 10 1945 (Month) (Day) (Year)

18. (a) Place: burial or cremation: Wentzville Mo

18. (a) Signature of funeral director: Wentzville Mo
(b) Address: Wentzville Mo
19. (a) Date received local registrar: Mar 21 1945 (b) Signature of Registrar: Wentzville Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Charles
(c) City or town: Wentzville 92
(If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 8
year: 1945 hour: 2 minute: 17 M.
21. I hereby certify that I attended the deceased from 1944 to March 8 1945
that I last saw him alive on 3/7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial degeneration 6 mo
Due to:
Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations:
Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: H. E. McG. Murray (M. D. or other) Wentzville Mo
Address: Wentzville Mo Date signed: 3/9/45

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-3-45

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. 2711

P. O. Address Wentzville, 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.