

U.S. No. 2
5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37712

State File No.

Registration District No. MO 1730 1945

Primary Registration District No. 4258

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Month) (Year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52

(c) City or town Edina Mo.
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Anna Catherine Hirner

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

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>1</u>
6. (b) Name of husband or wife.....		6. (c) Age of husband or wife if alive <u>100</u> years
7. Birth date of deceased <u>June 30, 1883</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>4</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER, FATHER

12. Name Henry Springer

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

14. Maiden name Ellen Moran

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Hirner

(b) Address Edina Mo.

17. (a) Edina, Mo (Burial, cremation, or removal) (b) Date thereof 5-7-1945
(Month) (Day) (Year)

(c) Place: burial or cremation St. Josephs Cemetery

18. (a) Signature of funeral director Stella Kriegshauser

(b) Address Edina, Missouri

19. (a) May 7 45 (Date received local registrar) (b) W. J. Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1944 to May 7 1945
that I last saw her alive on May 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 2 weeks

Duration.....

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 W. J. Breakenfield (M. D. or other) D.O.
Address Edina, Mo. Date signed 5/5/45

1142

RECEIVED

District Health Officer No. 10

District File Number 11-45-1749

Date Filed

NOV 27 1945

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.....

Keith Hudson

Licensed Embalmer No.....

2415

P. O. Address.....

Edina, Missouri

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.