S. No. 2
9M—2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 969

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 54

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL O (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

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. 3422 CAROLINE ST. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA STANLEY

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES P. STANLEY

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased OCTOBER (Month) 22 (Day) 1900 (Year)

8. AGE: Years 45 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER

12. Name JOSEPH ROZANSKI

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

MOTHER

14. Maiden name JOSEPHINE FELCYN

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

16. (a) Informant Mr Charles Stanley

(b) Address 3422 Caroline St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 5 (Month) (Day) 45 (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) JAN 4 1946 (Date received local registrar) J. F. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 2 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 5 1945 to Jan 2 1946 that I last saw her alive on Dec 31 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to

Due to

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 J. B. Deaf (M. D. or other) M.D.

Address 4465 S. Grand Date signed 1/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jos B Vollmer

Licensed Embalmer No. 4014

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.