No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1946

35199

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8627

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

34021

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL-MAX C. STARKLOFF MEMORIAL
(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

(c) City or town ST. LOUIS 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2218 S. 11th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA HARTMAN

3. (b) If veteran, name war

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~~ HENRY

6. (c) Age of husband ~~or wife~~ if alive 41 years

7. Birth date of deceased Nov. (Month) 21 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	10	14	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country) U

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name LOUIS BAUER X
13. Birthplace Bohemia (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name ANNA BERNASEK
15. Birthplace Bohemia (City, town, or county) (State or foreign country) E

16. (a) Informant HENRY HARTMANN
(b) Address 2218 S. 11th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER + PAUL

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) OCT 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/5/46 day
year hour 7:58 minute P M.

21. I hereby certify that I attended the deceased from 10/5/46, 19, to 10/5/46, 19;
that I last saw her alive on 10/5/46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General circulatory collapse	30 MIN
Due to PARTURITION	
Due to	
Other conditions DELIVERED BEFORE DEATH (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Francis R Burns (M. D. ~~or other~~)
Address ST. LOUIS CITY HOSPITAL Date signed 10/6/46

(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 David Van Fossan

Licensed Embalmer No. 4582

P. O. Address 5906 Gravoi

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.