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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2426

Registrar's No. 523

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:
Lutheran Hospital
(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 00-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3102 Portis 16 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Hermina Duckworth

3. (b) If veteran, name war No

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 Frederick W. Duckworth

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

7. Birth date of deceased December (Month) 31 (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Schroeder
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanna Zeinnert
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Sidney F. Duckworth
(b) Address Sikeston, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Athen, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Dec. 26. 19 1946, 19, to Jan 15, 1947 19; that I last saw her alive on 1-14-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	
Due to: Hypostatic Pneumonitis	3 days
Due to: Post operative acute obstr. Jaundice	15 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	
Major findings: Of operations: as alive	
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 0

23. Signature Walter H. Hoefner (M.D. or other)
Address 2602 S. Grand Date signed 1/15/47

(Licensed Embalmer's Statement on Reverse Side)

Hoefer

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 John S. Dennehy

Licensed Embalmer No. 4194

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.