

S. No. 2  
DM-1/47  
Rev. 5-17-39

#53183  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10247

FILED MAR 23 1948 318

Primary Registration District No. 1003

State File No. ....

Registrar's No. 2489

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 216E Marceau St.,  
Memorial (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... ANNA HARTER  
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..... Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... May 25, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 9 14 hr. min.

9. Birthplace..... Jerseyville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... John Harter  
13. Birthplace..... France  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Josephine Shatz  
15. Birthplace..... France  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Marie Eldridge  
(b) Address..... 216E Marceau St.,

17. (a) Burial (b) Date thereof..... Mar. 10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Jerseyville, Ill.

18. (a) Signature of funeral director..... Jos. W. Clark  
(b) Address..... 1125 Hodiamont Ave.

19. (a) MAR 12 1948 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 10th  
year..... 1948 hour..... 4 minute..... 00 A. M.

21. I hereby certify that I attended the deceased from..... 3/4/48  
....., 19....., to..... March 10th 19..... 48  
that I last saw her..... alive on..... March 10th 19..... 48  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Respiratory failure

Due to..... Bronchopneumonia

Due to.....

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

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. 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?.....  
23. Signature..... Paul [unclear] M.D.  
1515 Lafayette (M.D. or other)  
Date signed..... 3/10/48

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

MOTHER FATHER

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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.....

*Henry M. Dummer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

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.