

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35389
State File No. 9101

#;03409

318

1003

Registrar's No.

| | | | | | | | |
|---|--|---|-----------------------------------|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 12 - 4500 Washington Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | | | d. STREET ADDRESS (If rural, give location) 12 - 4500 Washington Blvd. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) ANNA | | b. (Middle) MARCHTALER | | c. (Last) MARCHTALER | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | October 22, 1949 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH November 26, 1869 | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | 79 10 27 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | |
| 12. CITIZENRY OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Miller | | 13b. MOTHER'S MAIDEN NAME Dora Haas | | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Rev. F. J. Langhorst, 4500 Washington Blvd. | | | |
| 15. ADDRESS | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis of heart disease.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gen. Arteriosclerosis</i> DUE TO (c) <i>Psychosis - Cos.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 years? 7 years? 3 mo? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) ST. LOUIS STATE | | 21f. HOW DID INJURY OCCUR? H200 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 9/8/49, 19__, to 10/22/49, 19__, that I last saw the deceased alive on 10/22/49, 19__, and that death occurred at 5:28 pm, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>W. H. Arney, M.D.</i> | | | | (Degree of title) | | 23b. ADDRESS 1515 Lafayette Ave., | |
| 23c. DATE SIGNED 10/24/49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/25/1949. | | 24c. NAME OF CEMETERY OR CREMATORY Oakville Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | DATE REC'D BY LOCAL REG. 1949 | | REGISTRAR'S SIGNATURE <i>J. B. Sauter</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fentz, 4828 Natural Bridge Blvd. | |
| 25. ADDRESS | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

0.300
0.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

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.