

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39115

1003

State File No. ....

10137

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		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 <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3-yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2709</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Little Sisters of Poor</b>				d. STREET ADDRESS (If rural, give location) <b>3225 N. Florissant Ave.</b>					
3. NAME OF DECEASED (Type or Print) <b>Anna Titus</b>				a. (First) <b>Anna</b>		c. (Last) _____			
4. DATE OF DEATH		(Month) <b>Nov.</b>		(Day) <b>28,</b>		(Year) <b>1950</b>			
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>		8. DATE OF BIRTH <b>Dec. 12, 1863</b>			
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR <b>11</b> Months		IF UNDER 1 YEAR <b>16</b> Days		IF UNDER 1 HR. <b>0</b> Hours <b>0</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ill.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				13a. FATHER'S NAME <b>Andrew Titus</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Schee</b>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Edward A. Kiehl</b>				ADDRESS <b>3416a Gasconade</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility Ch. Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>???</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>				DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>									
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HWT</b>					
22. I hereby certify that I attended the deceased from <b>May 12, 1949</b> , to <b>Nov 28, 1950</b> , that I last saw the deceased alive on <b>Nov 28, 1950</b> , and that death occurred at <b>1:17 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Edward A. Kiehl</b>				(Degree or title) _____		23b. ADDRESS <b>2435 N. Grand Blvd</b>			
23c. DATE SIGNED <b>11-28-50</b>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-29-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Meppen, Illinois</b>			
DATE REC'D BY LOCAL REG. <b>NOV 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>			

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

5726 CROWN...  
8 30 AM

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Thomas R. Fenwick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address. 3840 Lindell

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.