

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39099**
Registrar's No. **9804**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) **Lifetime**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Incarinate Word Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **8732 Riverview Blvd.**

3. NAME OF DECEASED
(Type or Print) a. (First) **Anna** b. (Middle) **W.** c. (Last) **Harberg**

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 4, 1951

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **June 5, 1872**

9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
St. Louis, MO.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Unknown Wiedmann

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Edward L. Harberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Edward L. Harberg 8732 Riverview Blvd

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) **neuropathic, chr**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension.**
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?
572X

22. I hereby certify that I attended the deceased from 10-15, 1951, to 11-4, 1951, that I last saw the deceased alive on 11-4-51, 1951, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Clarence G. Nelson M.D. (1927) - main

23b. ADDRESS

23c. DATE SIGNED
11-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
11-6-51

24c. NAME OF CEMETERY OR CREMATORY
Hiram Park Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, County MO.

DATE REC'D BY LOCAL REG.
NOV 5 1951

REGISTRAR'S SIGNATURE
Edgar Smith MO

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
SUEDMEYER & SON'S 3934 N. 20 Street

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

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

Gustav W Dietrich

Licensed Embalmer No.

4329

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.