

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5508

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>1249</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <del>Hillsboro Mo</del> <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hillsboro Mo</u> )		c. LENGTH OF STAY (In this place) <u>15 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro Mo St. Louis</u> <u>2249</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>3448 Ohio</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) .....			c. (Last) <u>Blanke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 12 1864</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months .....		IF UNDER 4 HRS. Hours .....		Min. ....	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>
13a. FATHER'S NAME <u>Theodore Schulp</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>Conrad (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Blanke 4555a S. Compton St. Louis</u>		
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) <u>Senility with psychosis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) .....					INTERVAL BETWEEN ONSET AND DEATH <u>? One year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 21 1951</u> , to <u>Feb 3 1952</u> , that I last saw the deceased alive on <u>Feb. 3 1952</u> , and that death occurred at <u>3PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, Mo</u>		23c. DATE SIGNED <u>2-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter-Paul Cemetery St. Louis Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-6-52</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u> <u>141-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec St. Louis</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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6-

RECEIVED 2-15-51  
WILLIAMSBURG, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.



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 *W E Morris*

Licensed Embalmer No. *3360*

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.