

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35456

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY-REG. DIST. NO. Registrar's No. 8739

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
c. LENGTH OF STAY (In this place) 3 days

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

e. STREET ADDRESS (If rural, give location) 3400 S. Grand Ave. 2169/0

3. NAME OF DECEASED
a. (First) Anna
b. (Middle)
c. (Last) Herkenhoff

4. DATE OF DEATH (Month) (Day) (Year) 9/25/54

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Dec. 8, 1868

9. AGE (In years last birthday) 85

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 at home

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE -----

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 Rene J. Lysser--1135 Dover Pl.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right hip; Arterio sclerotic Heart Disease
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) suffered in fall to floor in battle of Sisters of the Poor Home, 3400 S Grand Blvd., on Sept 23 1954 exact time unknown.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Unknown. Accident

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) HOME Crime Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 23 54 ? m.

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

21f. HOW DID INJURY OCCUR? 000 E9037

22 I hereby certify that I attended the deceased from 18 p, to 19, that I last saw the deceased alive on 19, and that death occurred at 9:30 p, m., from the causes and on the date stated above. 44

23a. SIGNATURE E. Doyle (Degree or title)

23b. ADDRESS 1306 9th Ave

23c. DATE SIGNED 9/25/54

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

24b. DATE 9/28/54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

DATE REC'D BY LOCAL REG. SEP 25 1954

REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Welderle 3634 Gravois

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.....
Signature of Student Embalmer

Signed.....

Grant J. [Signature]
Licensed Embalmer No. *263*

P. O. Address.....
[Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.