

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1511

FILED FEB 14 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>MO</b> COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HILLSBORO</b>		c. CITY OR TOWN <b>Valle Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>R R 1 0500</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle)		c. (Last) <b>GENDER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 2 1955</b>	
--	--	-------------	--	-------------------------	--	---	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar 19 1878</b>		9. AGE (In years last birthday) <b>76</b>		10. UNDER 1 YEAR Months Days Hours		11. UNDER 1 MRS. Days	
----------------------	--	-------------------------------	--	---	--	--	--	---	--	---------------------------------------	--	--------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME <b>BEHRENZ</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Gender</b>	
-----------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pete Gender</b> ADDRESS <b>R1 De Soto, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease with myocardial insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of coronary arteries.</b>				DUE TO (c) <b>Unknown.</b>	
		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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>4201</b>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Jan 29**, 1955, to **Feb. 2**, 1955, that I last saw the deceased alive on **Feb 2**, 1955, and that death occurred at **6 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>		23b. ADDRESS <b>De Soto, Mo.</b>		23c. DATE SIGNED <b>2-3-55</b>	
--	--	----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 5 1955</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
--	--	-----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>2-4-55</b>		REGISTRAR'S SIGNATURE <b>141-0 Kathleen Marsden</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel J. Mohr</b> ADDRESS <b>De Soto, Mo.</b>	
---	--	---	--	--	--

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 9 1955

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 GERALD J. MAHR, Student Embalmer No. 50 working under my personal supervision..

Student Gerald J. Mahr  
Signature of Student Embalmer

Signed Daniel J. Mahr  
Licensed Embalmer No. 45

P. O. Address Be Soto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.