

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3219

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0599**

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) _____
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 **7024 Dale Ave.** STREET ADDRESS (If rural, give location) **7024 Dale Ave.** **20490**

3. NAME OF DECEASED (Type or Print) a. (First) **Anna** b. (Middle) _____ c. (Last) **Wareham** 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 20, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 16, 1883** 9. AGE (In years last birthday) **71** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bookbinder** 10b. KIND OF BUSINESS OR INDUSTRY **retired** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles Flach** 13b. MOTHER'S MAIDEN NAME **Mary Steinhauser** 14. NAME OF HUSBAND OR WIFE **James Wareham**

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. **488-18-9855** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Chas. Swinhart - 7024 Dale Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Strangulation due to hanging when found in basement of house, hanging from rafters with electric cord around neck, on Jan. 20, 1955**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
2. OTHER SIGNIFICANT CONDITIONS **suicide**
Conditions contributing to the death but not related to the disease or condition causing death **suicide**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **while suffering from temporary mental aberration** 19c. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) **suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **house** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan. 20 55 11:30 AM** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E974X**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick E. Taylor Carson** (degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **1.21.55.**

24a. BURIAL, CREMATION, RE-MOVAL (Specify) **Burial** 24b. DATE **Jan. 24, 1955** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JAN 21 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wacker-Kelders 3634 Gravois Ave.**

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 *Robert Wheeler*.....

Licensed Embalmer No. *212*

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