

DEC 28 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42507

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
(b) Township Afton Carondelet Primary Registration District No. 6248 F Registered No. 455
(c) City Afton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Marie Folmer
(a) Residence, No. Berry Road, Afton, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1868
7. AGE YEARS 69 MONTHS 5 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary13. NAME Joseph Bisch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Kate Wolf
Berry Road, Afton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park Cem. Nov. 22 193719. FUNERAL DIRECTOR (ADDRESS) John L. Ziegenhein & Sons
7027 Gravois Ave20. FILED Nov. 21, 1937 A. Maurer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 193722. I HEREBY CERTIFY, That I attended deceased from Sept 22 1935 to Nov 19 1937I last saw him alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhageDate of onset Nov 19Other contributory causes of importance:
acute Bronchitis
chronic nephritisNov 10
Ed-35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Walter J. Kelley M. D.(Address) Afton Route 30.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clarence Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)