

REC'D FEB 10 1939

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

791
1003

404
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____ Registered No. 404
 (c) City St. Louis Missouri / (d) Street No. City Sanitarium 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 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 534 Anna Fenthol

(a) Residence, No. City Infirmery St. 13
 (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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Fenthol
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 About 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 72 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) About 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Henry C. Gehrand, M.D.
 (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 1-14-39

19. FUNERAL DIRECTOR (NAME) Witt B. L. & W. Co
 (ADDRESS) 2929 S. Jefferson Ave

20. FILED Feb. 12 1939 J. B. Brudner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1939 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1938, 19, to 1-12-1939, 19. I last saw her alive on 1-12-1939, 19. Death is said to have occurred on the date stated above, at 2:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 7-1-38 Date of onset _____

Other contributory causes of importance:

Senility 7-1-38

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? 1
 If so, specify Henry C. Gehrand, M. D.
 (Signed) _____ (Address) 5300 Arsenal

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Paul A. Shanklin

or by

Registered Apprentice No., working under my personal supervision.

Signed,

Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address *29298 Jefferson*

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, above space should be left blank.