

REC'D MAY 10 1939

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

13029
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City ST. LOUIS, (d) Street No. DESLOGE HOSPITAL Registered No. 3371
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME GERALDINE ANSLEM,

(a) Residence, No. 3935 MCCREE AVE. St. 17
(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) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W. ANSLEM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 15, 1912.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At HOME.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis, Mo.

FATHER 13. NAME ORVALL FEENY.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.

MOTHER 15. MAIDEN NAME UNKNOWN RAGSDALE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.

17. INFORMANT (ADDRESS) MR. JOHN W. ANSELM.
3935 MCCREE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA DATE APR. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY.
3840 LINDELL BLVD.

20. FILED APR 11 1939 19 J. F. Beckwith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to April 10, 1937
I last saw her alive on April 10, 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

Hypertension with thyrotoxicosis
Acute appendicitis Subsiding
Date of onset Nov 1938
3-25-39

Other contributory causes of importance:
Acute appendicitis Subsiding 3-25-39

Name of operation Date of _____
What test confirmed diagnosis? BMR 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? No
If so, specify _____
(Signed) C. S. Champney M. D.
(Address) 1325 South Grand

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.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

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.