DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20370

Registration District No. 1008 JUL 12 1939 1

Primary Registration District No.

Registrar's No. 5214

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 6527 Devonshire 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 230 Mrs. Anna Nast

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adolph

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8th, 1879 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days – If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Matron

11. Industry or business Insurance Company 1

FATHER
12. Name George Keim 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Catherine Neumann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Myrtle Yeager
(b) Address 6527 Devonshire ave

17. (a) BURIAL Cem. (Burial, cremation, or removal) (b) Date thereof June 12, '39 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director Biedermeier Funeral Home, Inc
(b) Address 1936 St Louis avenue

19. (a) JUN 10 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1939 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from –
, 19, to , 19
that I last saw her alive on 6 – 8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 wks
Cachexia	1 month
Due to Uterine Sarcoma	6/38
Due to Carcinoma Cervix	10/38
Primary seat in uterus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Fibro sarcoma uterus & Ca cervix	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) not
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Ann A. McGuire (M. D. or other)
Address 4603 Pope Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 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.....

Licensed Embalmer No. 3737

P. O. Address 1936 W. Four Co

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.