DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 311 1577

REC'D OCT 14 1939

Registration District No. 1791 1008

Primary Registration District No.

Registrar's No. 8220

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4284a Lee Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

10

(d) Street No. 4284a Lee Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Tobias

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Tobias

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased September 25, 1901 (Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Herman Alles
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Edward Tobias
(b) Address 4284a Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 25 1939 (Date received local registrar) (b) J. F. Bedsek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 Year 1939 hour 8:00 AM minute M.

21. I hereby certify that I attended the deceased from November 28, 1939 to Sep 23 1939; that I last saw her alive on Sep 21 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholic mania 2 hrs
Due to by cerebral hemorrhage
Due to Arteriosclerosis

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
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) ✓
(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 C. B. Ulrich (M. D. or other)
Address 1537 Olive St. 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.

X19511

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 William G. Buchholz

Licensed Embalmer No. 2110 S

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 this body is not embalmed, above space should be left blank.