

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 13 1939

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37783

9622

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003
 (a) County 2
 (b) City or town St. Louis
 (c) Name of hospital or institution: 3114 Potomac
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3114 Potomac
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MRS. ANNA COX
 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 Edward W. Cox 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 20th, 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	9	20	hr. _____ min.

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

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Heumann
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Stellhorn
 15. Birthplace Red Bud, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward L. Cox
 (b) Address 3114 Potomac

17. (a) Burial (b) Date thereof Nov. 11, '39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Biederwieser Funeral Home Inc
 (b) Address 1936 St. Louis Avenue

19. (a) NOV 10 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
 year 1939 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb 1938
 _____, 19____ to Nov 9, 1939
 that I last saw her alive on Nov 9, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia Duration 2 day

Due to Adenocarcinoma cervix 14 yrs

Due to _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Phil H Scherer (M. D. or other) MD
 Address 3115 So Grand Date signed Nov 9/39

No. 3115
3115
1-3

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 *Felix J. Kripin*
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.