DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41594

Registration District No. 791

Primary Registration District No.

Registrar's No. 10717

1. PLACE OF DEATH: 1003 JAN 12 1940 2

(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: 4376 Papin St.
(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: 1

(a) State Mo. (b) County

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4376 Papin St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Hannah Rivers 162

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 Widow

6. (b) Name of husband or wife Late Albert Rivers

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

7. Birth date of deceased Feb. (Month) 6th (Day) 1846 (Year)

8. AGE: Years 93 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Housework at Home

11. Industry or business 6

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

MOTHER
14. Maiden name Unknown 6
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Annie Eikmeier
(b) Address 4376 Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-39 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) DEC 15 1939 (Date received local registrar) (b) J. F. Bradlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1939 hour 11:55 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 1, 1938, to Dec-14, 1939 that I last saw her alive on Dec-12th, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (Chronic

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 J. S. Shuck (M. D. or other)
Address 2500 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

8-9-1-3

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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