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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3718

FILED FEB 3 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 150

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 7315 Jennings Station Ave.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7315 W. Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 11 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 4120 Rosalie Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Anne Naumann

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 Divorced

6. (b) Name of husband or wife Harry Naumann

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

7. Birth date of deceased July 14, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	6	6	____ hr. ____ min.

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

10. Usual occupation Housework

11. Industry or business 0

FATHER
12. Name George Pollihan 0
13. Birthplace ____ (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Catherine Fleishauer,
15. Birthplace ____ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clarence H. Pollihan

(b) Address 4120 W. Rosalie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) ____ (Date received local registrar) (b) [signature] (Registrar's signature)

JAN 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1940 hour 8 AM, minute — M.

21. I hereby certify that I attended the deceased from 1/20/40, 19__, to 1/20/40, 19__; that I last saw h[illegible] alive on 1/20/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Epilepsy.	years
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	

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Major findings:
Of operations none
Of autopsy none

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) none

(b) Date of occurrence —

(c) Where did injury occur? none (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 [signature] (M. D. or other) M.D.

Address 6207 W. Florissant Date signed 1/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.