

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4358
Registrar's No. 1188Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County St. Louis, Missouri
- (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: City Hospital, #1
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 1 Mo. 6 Days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT 362 Anna Neters
FULL NAME

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN HY. NIETERS 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased 9-29-1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 7 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

- MOTHER FATHER { 12. Name MICHAEL SCHARKEY
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name TERESA VOGEL
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN HY NIETERS
(b) Address 4244 GAND AVE
17. (a) BURIAL (b) Date thereof 2-7-40
(Burial, cremation, or removal) (Monthly) (Day) (Year)
- (c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. GRAND BLVD.
19. (a) FEB 6 1940 (b) [Signature]
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County _____
- (c) City or town ST. LOUIS 10
(If outside city or town limits, write "RURAL")
- (d) Street No. 4244 GAND AVE.
(If rural, give location)
- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4,
year 1940 hour 3:15 minute A.M.

21. I hereby certify that I attended the deceased from December 30, 1939 to February 4, 1940,
that I last saw her alive on February 4, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy above

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 [Signature] (M.D. or other) _____
Address 1515 Lafayette Date signed 2/5/40

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Erin Blank signed

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.....

P. O. Address.....

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

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