

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

9153

State File No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2636**

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:  
**De Paul Hospital**  
(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

3. (a) PRINT FULL NAME **Anna Mary Damillot**

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Div.**

6. (b) Name of husband or wife **Joseph Damillot** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 25th. 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>63</b>	<b>2</b>	<b>25</b>	hr. _____ min.

9. Birthplace **Philadelphia, Pa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Self**

MOTHER FATHER  
 { 12. Name **Jacob Egli**  
 { 13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Rosina Weibel**  
 { 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond R. Burns**

(b) Address **5061 Page Blvd.**

17. (a) **Burial** (b) Date thereof **3-28-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Grand and Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) **MAR 20 1940** (b) **J.P. Beck**  
(Date received local registrar) (Signature of registrar)

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. **5061 Page Blvd.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20th.**  
 year **1940** hour **3.45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mar. 2**  
 \_\_\_\_\_, 1940, to **Mar. 19.** 1940.

that I last saw her alive on **Mar. 19** 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Heart Dilatation**  
 Duration \_\_\_\_\_

Due to **myocarditis. Hypertension. Myobacteriosis**

Due to **Acute untreated Sues.**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Myoid disease**  
 Of operations \_\_\_\_\_

Of autopsy **Sentic Arthritis. Sentic myocarditis.**

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) (b) Means of injury

23. Signature **H.L. Gibbs** (M. D. or other) \_\_\_\_\_  
 Address **5298 Page** Date signed \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

J.L. Gibbs  
5298 Page  
1-3

Bo 3770

**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 ME

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

P. A. Smithers

Licensed Embalmer No. \_\_\_\_\_

3916

P. O. Address \_\_\_\_\_

3710 N. Grand Bl

**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.