

AR 1
No. 2
-11-10-39
-5-17-39
I X21492

1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12447

FILED APR 8 1940
784
Registration District No. _____

Primary Registration District No. 115

State File No. _____

Registrar's No. 509

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 THERESA ANSOM
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 WIDOW
6. (b) Name of husband or wife JACOB ANSOM 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 27, 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name MARTIN STOLL
13. Birthplace MO. (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name CHRISTINE DONT KNOW (City, town, or county) (State or foreign country)
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erwin Russell
(b) Address 6823 MELROSE

17. (a) BURIAL (b) Date thereof MARCH 14. 40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 LINDELL BLVE.

19. (a) MAP 12-1940 (Date received local health officer) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County _____
(c) City or town UNIVERSITY CITY (If outside city or town limits, write "RURAL")
(d) Street No. 6823 MELROSE (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: MARCH day 12, year 1940 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940 to March 12th 1940 that I last saw her alive on March 11th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 days
Due to Arterio-sclerosis 10y+
Chronic Interstitial nephritis 5y+

Other conditions (Include pregnancy within 3 months of death) 131
Major findings: Of operations _____
Of autopsy none made

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? _____

23. Signature Joseph Davis (M. D. or other) 787
Address Century Bldg Date signed 3-12-40

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

NE
Pending
2 P.M.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell 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.