V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X-21-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12989

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3191

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

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:
Missouri Baptist Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")

(d) Street No. Chase Hotel
210 No Kingsbighway (If rural, give location)

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

3. (a) PRINT FULL NAME Anne M. Southwick 220

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 14 (Day) 1875 (Year)

8. AGE: Years 65 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business 1

FATHER
12. Name Nathan Southwick 1
13. Birthplace (City, town, or county) Mass (State or foreign country)

MOTHER
14. Maiden name Catherine Barbour
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant George E. Southwick
(b) Address Chase Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St.

19. (a) APR 6 1940 (Date received local registrar) (b) J F Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day Fifth year 1940 hour One minute A M.

21. I hereby certify that I attended the deceased from May 6th, 1928 to apl 5th, 1940 that I last saw her alive on apl 4th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Secondary Anemia	4 mos
Due to Carcinoma Sigmoid	12 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Exploratory - Carcinoma Sigmoid

Of autopsy

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 L A Luton 1 (M. D. or other) MD
Address 508 No Grand Date signed apl 5/40

(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 Melvin L Kempe

Licensed Embalmer No. 4052

P. O. Address 3621 Olive

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.