

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16187

State File No. _____
Registrar's No. 753

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Ferdinand Twp/
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 4 Box 508 Halls Ferry Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4 Box 508 Halls Ferry R
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna M. Strauss 362

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 widow

6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 4, 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry Claves 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Strauss
(b) Address Ferguson, Mo. Route #10

17. (a) burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) APR 17 1940 (b) A. R. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 9:15 minutes _____ A. M.
21. I hereby certify that I attended the deceased from Sept 25
1939 to April 15, 1940
that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular
Renal Disease.

Due to _____
Due to 131
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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?

23. Signature J. J. Messler (M. D. or other) _____
Address 3350 E. 7th Date signed 4/15/40

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

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Quince

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.