

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22862
Registrar's No. 7147

Registration District No. 15

Primary Registration District No. 115

605
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town 6636 Waterman-St. Louis
(c) Name of hospital or institution: 9
(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 11 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6636 Waterman Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Annie Bankson Hoberecht

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Herman Hoberecht 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 4, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business 6

12. Name William Bankson

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name ROXY FARRIS

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Speer

(b) Address 6636 Waterman Blvd.

17. (a) Burial (b) Date thereof June 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) JUN 16 1940 (b) DR Meyer MD
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from about 1933 19 _____ to June 17 19 40.
that I last saw her alive on June 15 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
Chronic nephritis
Due to _____
Paralysis agitans 7 yrs.
Due to (Parkinson's)

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

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(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? 781

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature James G. Forseen (M. D. or other) _____
Address 3903 Olive St. Date signed 6-16-40

(FORSEN)

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 Philip M. Gray

Licensed Embalmer No. 3281

P. O. Address 468 Washington

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.