

S. No. 2
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5-17-39
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EXPIRES AUG 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23480

State File No. _____

Registrar's No. 5925

Registration District No. 791

Primary Registration District No. 1003

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: 3527a Caroline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

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. 3527a Caroline
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna Whiprecht 162

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 6, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 7 _____ hr. _____ min.

9. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Charles M. Gibbs

13. Birthplace Not known Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Frances Murrah

15. Birthplace Not known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J Whiprecht

(b) Address 3527a caroline

17. (a) cremation (b) Date thereof 7/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John G. Guginheim & Sons

(b) Address 7027 Grand ois

19. (a) JUL 15 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 30th 1931 to July 13th 1940
that I last saw her alive on July 12th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. interstitial nephritis 16 yrs

Due to Myocarditis Chr. 10 yrs

Due to nephritis

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

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature Benton Bohannon (M. D. or other) _____

Address 2602 S. Grand Date signed 7/15/40

Duration
16 yrs
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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.