

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**FILED DEC 10 1940**

**38854**

**1. PLACE OF DEATH**

County Iron Registration District No. 391  
 Township Arcadia 2/ Primary Registration District No. 5546e  
 City Arcadia, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 69

**2. FULL NAME**

Sister Anastasia Bloemke  
 (a) Residence, No. Arcadia College St. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1938, 1938, to Nov. 24, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1862

I last saw her alive on Nov. 4, 1940. Death is said to have occurred on the date stated above, at 7 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
78 8 7

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic Date of onset 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General housework

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Arterial sclerosis, general

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Henry Bloemke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paderborn Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) Ben M. Bull M. D.

(Address) 2. Benton, Mo.

17. INFORMANT Rev. Mother Annunciata (ADDRESS) Arcadia College, Arcadia, Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried Kirkwood Mo. DATE Nov. 26, 1940

19. UNDERTAKER Riche & Richardson (ADDRESS) Fronton Mo.

20. FILED Nov. 24, 1940 Julia A. Guntton Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

