No. 2
1-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40671

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10442

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town ____ (If outside city or town limits, write "RURAL" and name of township) 2
(c) Name of hospital or institution: 8106 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

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. 8106 Pennsylvania 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Barbara Danz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andre Andrew Danz
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec. (Month) 25 (Day) 1852 (Year)

8. AGE: Years 87 | Months 11 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 1p
10. Usual occupation Housewife 1p
11. Industry or business At home 1p

MOTHER FATHER
12. Name Unknown 1p
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Christina (unknown)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Charles Danz
(b) Address 8106 Pennsylvania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 Delmar Blvd
19. (a) DEC 19 1940 (Date received by local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 5:45 minute a M.
21. I hereby certify that I attended the deceased from Oct. 25, 1940 to Dec 18, 1940 that I last saw h. alive on Dec 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	Chr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	

Major findings:
Of operations —
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 Mary C. Wilfahrt M.D.
Address 7701 Delmar Date signed 12/19/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Drippe
7702 Irwing

10 AM - 1 PM
&
6:30 - 8 PM

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 Raymond Hoemann, Registered Apprentice No. 275 working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.