

FILED APP 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8970

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2380

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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117
9

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 23 hrs.
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 N. R

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. Box 1082F, Route 10
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Anna Lincoln Mount

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1941 hour 9 minute 0 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Mount

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased. August 21 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13 1941 to March 14 1941; that I last saw him alive on March 14 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 24 If less than one day hr. min.

Immediate cause of death Lobar pneumonia, right upper lobe

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

Due to Type III pneumococcus

10. Usual occupation At Home

Due to

11. Industry or business

Other conditions Diabetes mellitus, mild
(Include pregnancy within 3 months of death)

Coronary arterio sclerosis

MOTHER FATHER { 12. Name William Cushard

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

14. Maiden name Mary Ellen Kanady

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

Major findings: Of operations

Of autopsy 59

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Beane Lewis

(b) Address Route 10 Box 1082F Ferguson, Mo.

17. (a) Burial (b) Date thereof March 17, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C Hoffmeister W.K.C.

(b) APR 16 1941 1814 S. Broadway

19. (a) W. Bredeck (b) W. Bredeck
(Date received local registrar) (Registrar's signature)

(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) (e) Means of injury.....

23. Signature FR Bradley (M. D. over)
Address BARNES HOSPITAL Date signed 3-15-41

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.....

Louis C Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broodley

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, fact should be so stated above.