S. No. 2
M—4-13-40
v. 5-17-39
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9019

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2429

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

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17
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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: 6315 Tholozan / (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00014

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 6315 Tholozan 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Walther Baar

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 Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 2 (Day) 1867 (Year)

8. AGE: Years 73 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Frey
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Louise Emmons

(b) Address 6315 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Und Co.

(b) Address 3013 Meramec

19. (a) MAR 17 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 11.45 minute P. M.

21. I hereby certify that I attended the deceased from February 10, 1941, to March 15, 1941; that I last saw her alive on March 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 year
Due to Carcinoma of Breast	2 years
Due to General Metastasis of Carcinoma	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer of Breast

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 Julius Chas Rotter (M. D. or other) M. D.

Address 2603 Cherokee St. Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 George N. Archambault, Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P.O. Address 3013 Meramec

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.