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 No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **9338**
 Registrar's No. **2748**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 Days**
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **18/00**
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4228 HUNT ST** **9**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Martha Anderson**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **27**
 year **1941** hour **6:35** minute **A.** M.
21. I hereby certify that I attended the deceased from **March 17**
17, 19 **41**, **March 27**, 19 **41**
 that I last saw h. **or** alive on **March 27**, 19 **41**
 and that death occurred on the date and hour stated above.

4. Sex **FE** 5. Color or race **Wh.**
 6. (a) Single, widowed, married, divorced, **WIDOWED**
 6. (b) Name of husband or wife **CHAS. A. ANDERSON**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **UNKNOWN**
 (Month) (Day) (Year)

Immediate cause of death **Essential Hypertension**
 Duration.....

8. AGE: Years **About 66** Months Days If less than one day
 hr. min.

Due to.....
 Due to.....
 Other conditions **Diets - Cholesterol**
 (Include pregnancy within 5 months of death)
Myocardial infarction; gangrene of leg
 Major findings:
 Of operations.....
 Of autopsy..... **930**

9. Birthplace **WENTZVILLE Mo. 0**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Joseph Brumme?**
13. Birthplace **Mo. 0**
 (City, town, or county) (State or foreign country)
14. Maiden name **Julia Ann Clark**
15. Birthplace **Mo. 0**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Nigeria Klausmaier**
(b) Address **4228 HUNT ST ST. LOUIS MO.**
17. (a) Removal (b) Date thereof **MAR 27 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Troy Mo.**

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 **0**

18. (a) Signature of funeral director **Wm. M. Ziegner**
(b) Address **Memphis Funeral Co.**
19. (a) MAR 27 1941 (b) **Wm. M. Ziegner**
 (Date received local registrar) (Registrar's signature)

23. Signature **W. M. Ziegner** (M. D. or other)
Address **1515 Lafayette Avenue** **Date signed** **3/27/41**

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.