S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12031

MAR APR 9 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 628

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

96
13
1

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8261 Brenner Ave 1
(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 Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8261 Brenner Ave. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME Anna Bearss

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Amos

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb (Month) 11 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	19	..... hr. ..... min.

9. Birthplace New Jersey 1
(City, town, or county) (State or foreign country)

10. Usual occupation H. W.

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Basher
15. Birthplace New Jersey 1
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Bearss
(b) Address 8261 Brenner - Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Lake Charles Fee Fee~~

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood

19. (a) MAR 22 1941 (Date received local registrar) (b) T R Meyer M D DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia (Double)	
Due to	
Due to	
Other conditions myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
Of autopsy Double Lobal pneumonia

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? 707 (Specify type of place)
While at work? ..... (e) Means of injury 2

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 3/20/41 Date signed .....

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3285

P. O. Address 3402 Adams Hubbard, Iowa

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.