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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15813

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 916

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

1. PLACE OF DEATH:

(a) County St. Louis Cem.

(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: Mt. St. Rose Sanatorium O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/25/39 to 4/25/41 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 2 (If outside city or town limits, write "RURAL")

(d) Street No. 3019 Marsh Ave. 4 (If rural, give location)

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

3. (a) PRINT FULL NAME ANNA STOMBAUGH

3. (b) If veteran, name war

3. (c) Social Security No. 490074-399

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec. (Month) 19 (Day) 1903 (Year)

8. AGE: Years 37 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Monroe City (City, town, or county) Mo U (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co

FATHER
12. Name John Sullivan
13. Birthplace Monroe City (City, town, or county) Mo U (State or foreign country)

MOTHER
14. Maiden name Anna Graham
15. Birthplace Monroe City (City, town, or county) Mo U (State or foreign country)

16. (a) Informant Clarence Stombaugh

(b) Address 3019 Marsh ave. Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation ST Marys Cemetery

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) APR 30 1941 (Date received local registrar) (b) R. Meyer M. D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1941 hour 6 minute 43 P.M.

21. I hereby certify that I attended the deceased from Sept. 25, 1939, to April 25, 1941; that I last saw her alive on April 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced Pulmonary Tuberculosis	3 1/2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 C. E. Gerson (M. D. ~~or other~~) D

Address Mt. St. Rose Sanatorium Date signed 4-25-41

(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.....

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

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.