

0-2
4-41
7-39
X26390

Registration District No. 184

Primary Registration District No. 201

Registrar's No. 1182

1. PLACE OF DEATH:

(a) County Sh. Lewis
(b) City or town Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lombardy Dr. Hilltop Ave.
(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 Sh. Lewis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lombardy Dr. Hilltop Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sophie Dann

3. (b) If veteran, name war No 3. (c) Social Security No. 510

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late John Dann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 10 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Austria & Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Joseph Fritz
13. Birthplace Austria & Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Regina Bechtel
15. Birthplace Austria & Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Dann
(b) Address #5 Jackson Dr. Dayton Mo
17. (a) Burial (b) Date thereof 6-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Paul

18. (a) Signature of funeral director Wagon Mortuaries
(b) Address 4228 W. Kingshighway
19. (a) JUN 5 1941 (b) R. M. Morgan
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1941 hour 10:35 minute A M.

21. I hereby certify that I attended the deceased from May 17 to June 1 1941
that I last saw her alive on June 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Artero-sclerosis

Due to _____
Due to 93d

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
(e) Means of injury _____
23. Signature A. F. Plas (M, D. or other) 0
Address 9150 Morganfield Rd Date signed _____

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

Dr. H. G. Hays
Collector Bldg.
1-4

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 Reinhold H. Lehmann

Licensed Embalmer No. 3395

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.