

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23796  
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 28 1941

1. PLACE OF DEATH 791

(a) County St. L. Registration District No. 1003

(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

(c) City St. Louis (d) Street No. DE PAUL HOSPITAL Registered No. 6138

(e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME Mrs ANNA FUNK

(a) Residence, No. \_\_\_\_\_ St.  Alhambra Illinois  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. FUNK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 21-1861

7. AGE YEARS 80 MONTHS 3 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME (unknown) Rebner

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 4

MOTHER 15. MAIDEN NAME Regina Koehler

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 4

17. INFORMANT George B Funk (ADDRESS) 361 Pershing Ave St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL (PLACE) MARINE-144 DATE 7-30-41

19. FUNERAL DIRECTOR Francis B McEwen (ADDRESS) MARINE-144

20. FILED JUL 28 1941 J. J. Prudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1941

22. I HEREBY CERTIFY, That I attended deceased from July 3 1941, to July 28 1941  
I last saw him alive on 7-28 1941. Death is said to have occurred on the date stated above, at 10:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma stomach metastatic to abdomen. organs

Date of onset 1941  
1941

Other contributory causes of importance: H-6 B

Name of operation Paprosomy Date of July 1941  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) P. D. Casper M. D.  
(Address) 495 2 Maryland

STATEMENT BY LICENSED EMBALMER

I, Francis B. McLaw, Licensed Embalmer No. 2905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Francis B. McLaw

Licensed Embalmer No. 2905

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.)