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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 24 1941

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 33287

Registrar's No. 8242

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County:
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3908 W. Florissant 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)

3. (a) PRINT FULL NAME: Anna Catherine Goldschmidt.

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emil Goldschmidt. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan. 21 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 24 hr. min.

9. Birthplace: St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home.

11. Industry or business:

12. Name: Herman Steffens

13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fred Landwehr.

(b) Address: 3908a W. Florissant Ave

17. (a) Burial (b) Date thereof: 10/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Carvery

(c) Place: burial or cremation:

18. (a) Signature of funeral director: A. W. Strick

(b) Address: 2117 E. Grand Blvd.

19. (a) OCT 16 1941 (b) J. F. Brubaker
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3908 W. Florissant Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 10th, 1941, to Oct 15, 1941; that I last saw him alive on Oct 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration: 10-10-41

Due to: W
Due to: W

Other conditions: Old Diabetes Mellitus 5 yrs +
(Include pregnancy within 3 months of death)

Major findings: old cerebral hemorrhage (1 yr) PHYSICIAN:

Of operations: W 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?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: Albert J. M. O'Connell (M. D. or other)
Address: 2739 W. Grand St. Date signed: 10-10-41

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

MOTHER FATHER

2743/M. Hand
Fr. 3960

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.