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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8470
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 64 yrs. 9 mos. 22 (Specify whether
years, months or days) das.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 209
(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5717 Era Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Anzer
(b) If veteran, name war no
(c) Social Security No. 489-01-7546

4. Sex Male (5. Color or race white)
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Isabell Anzer
(c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan. 1, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 22 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeurs

11. Industry or business

12. Name Joseph Anzer

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

14. Maiden name unknown

15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Isabell Anzer

(b) Address 5717 Era Ave

17. (a) burial (b) Date thereof Oct. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart

(b) Address 2228 St. Louis Ave

19. (a) OCT 26 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 23
year 1941 hour 10:30 AM M.

21. I hereby certify that I attended the deceased from 9/23
to 10/23, 1941
that I last saw him alive on 10/23/41
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Adeno-Carcinoma
3 days
2 yrs

Due to

Due to Carcinoma of Stomach
head of pancreas

(Other conditions. Include pregnancy within 3 months of death)

Major findings: Carcinoma stomach
of operations
of Peritonitis head of pancreas
Of autopsy Peritonitis plus
glands involved

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?

While at work? (Specify type of place) (d) Means of injury
Charles W. Harris

23. Signature Charles W. Harris (D. of other)
Address 5346 Breese Date signed 10/27/41

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

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04-3

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 *Charles Goodhart*
Licensed Embalmer No. *2777*
P. O. Address *St Louis Mo*

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.