V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31692

Registrar's No. 8258

**1. PLACE OF DEATH:**

(a) County
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1623 HOGAN STR /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFE

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 1623 HOGAN STR.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY ANNIS

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 MARRIED

6. (b) Name of husband or wife MICHAEL ANNIS.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased DEC (Month) 4TH (Day) 1878 (Year)

8. AGE: Years 63 Months 10 Days = If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER

12. Name LOUIS KING

13. Birthplace UNKNOWN. (City, town, or country) (State or foreign country) 9

14. Maiden name UNKNOWN

15. Birthplace " " (City, town, or county) (State or foreign country) 9

16. (a) Informant George Annis

(b) Address 1214 OLIVE ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 7 = 42 (Month) (Day) (Year)

(c) Place: burial or cremation OLD. S.S. PETER = PAUL

18. (a) Signature of funeral director Brockland Und. Co

(b) Address 1827 Hogan St.

19. (a) OCT 6 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT. day 4TH year 1942 hour 1155 minute P. M.

21. I hereby certify that I attended the deceased from Aug 25 1942 to Oct 4 1942 that I last saw her alive on Oct 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Endocarditis — Duration 5 wks

Due to —

Other conditions (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)

While at work? (e) Means of injury 0

23. Signature C. A. Jost (M. D. or other)

Address 1901 Madison St. Date signed 10/5/42

(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.....

Licensed Embalmer No.....1861.....

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.**