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5-17-39
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32448

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1943

Registration District No. 2943

Primary Registration District No. 2002

Registrar's No. 2261

1. PLACE OF DEATH:

(a) County University City

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
705 Interdrive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County W.P. 6

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Interdrive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry B. Anspacher

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madalyn Anspacher 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 10, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>24</u>	hr. _____ min.

9. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business _____

MOTHER FATHER { 12. Name Nathan Anspacher

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

14. Maiden name Carrie Lehman

15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madalyn Anspacher
(b) Address 705 Interdrive

17. (a) Burial (b) Date thereof 10-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) OCT 7 - 1943 (b) C. D. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1943 hour 6 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 8 1942 to 10/4 1943
that I last saw him alive on 10/3/43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease
Heart Disease Duration 3 1/2 yr.

Due to _____

Due to _____

Other conditions: Duodenal Ulcer 3 yr.
(Include pregnancy within 3 months of death)

Major findings: 93
Of operations _____

Of autopsy: Cardiac Hypertrophy
G. A. Blood 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)

(e) Means of injury _____

Signature Arthur E. Strahl (M. D. or other M.D.)
Address 538 N. Grand Date signed 10/5/43

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

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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... *Chas. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Delmar*

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.