No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Duplicate Copy Original Lost.

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 43673

FILED JAN 16 1947

Registration District No. _____ Primary Registration District No. 3070 Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 703 Atalanta
(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 _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 703 Atalanta 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Anna B. Shafer
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 George Shafer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 (Month) - 22 (Day) - 1857 (Year)

8. AGE: Years 88 | Months 3 | Days 0 | If less than one day _____ hr. _____ min.

9. Birthplace Deposit (City, town, or county) N. Y. (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____

FATHER
12. Name Edw. S. Manwaring
13. Birthplace Unknown (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Bundy
15. Birthplace Unknown (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Mrs. W. H. Hefelfinger
(b) Address 703 Atalanta, Webster Groves, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 - 23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Menomonie, Wisconsin.
18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address 23 W. Lockwood, Webster Groves, Mo.
19. (a) 1-14-47 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1946 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from 3/18, 1946, to 3/22, 1946, that I last saw him alive on 3/22, 1946, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Shock | 4 hr. |
| Due to Fracture R. hip | 4 wk. |
| Due to 186P | |
| Other conditions (Include pregnancy within 3 months of death) 19 | |
| 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) Accident
(b) Date of occurrence 3/18/46 1:30
(c) Where did injury occur? Webster Groves Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? _____ (e) Means of injury Fall

23. Signature J. D. Stoebe (M. D. or other) M.D.
Address 104 W. Adams, Kirkwood, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1947

## 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 John M. Meyer

Licensed Embalmer No. 13288

P. O. Address Kirkwood, 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.**