

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43350**
Registrar's No. **11371**

FILED DEC 27 1947

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO**
(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: **2876 3 NEBRASKA**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **65 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DOO**
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **2876 3 NEBRASKA** (If rural, give location) **9**
24
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA MULLICH**

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 **WIDOW**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 1 1869**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **9** If less than one day hr. _____ min. **4**

9. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

10. Usual occupation **WIDOW**

11. Industry or business **AT HOME**

MOTHER FATHER

12. Name **ANTON KLIMAS 4**

13. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant **ALMA KOPP**

(b) Address **2876 3 NEBRASKA**

17. (a) **BURIAL** (b) Date thereof **DEC. 15 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. PETER + PAUL**

18. (a) Signature of funeral director **Thomas Peter's son**

(b) Address **2906 GRAYOLS**

19. (a) **DEC 12 1947** (b) **J. G. Predeck**
(Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **10**
year **1947** hour **10** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 1, 1947** to **Dec 10, 1947**
that I last saw her alive on **Dec 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio sclerosis heart disease** Duration **10 yrs**

Stenoperted left Jugumal 2 days
termia

Due to **Hypertension & generalized arterio sclerosis** year

Other conditions: **amputation of right leg - years ago**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **George A. Downer** (M. D. or other) **MD**
Address **3325 S. Grand Blvd** Date signed **12/12/47**

mil

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.....

Harold C. Hill

Licensed Embalmer No.

4347

P. O. Address.....

2906 Travis

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.