FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2440

Registrar's No. 681

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution: 20 days. (Specify whether years, months or days)

In this community: 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jefferson

(c) City or town: De Soto (If outside city or town limits, write "RURAL")

(d) Street No.: 1212 N. 2nd St. De Soto, Mo (If rural, give location)

N.R.

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Anna Mae Doebbert

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Frank Ernest.

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Dec. (Month) 28 (Day) 1898 (Year)

8. AGE: Years 49 | Months 0 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace: Galvatine (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: —

MOTHER FATHER

12. Name: Not Known

13. Birthplace: Not Known (City, town, or county) (State or foreign country)

14. Maiden name: Not Known

15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: F. E. Doebbert

(b) Address: 1212 N. 2nd De Soto, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-24-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ De Soto, Mo.

18. (a) Signature of funeral director: J. Ice Motherhead

(b) Address: De Soto, Mo.

19. (a) JAN 27 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 21st year: 1948 hour: 5 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1947, to Jan. 21, 1948; that I last saw him alive on Jan. 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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:

23. Signature: James D. Bull (M. D. or other)

Address: Evangelical Deaconess Hospital Date signed: 1/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

689

FEB 9 1996

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 J. L. M. Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.