

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38934**
Registrar's No. **2-84**

FILED DEC 4 1948
Registration District No. **577**

Primary Registration District No. **6076366**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3 Edwin Ave.
(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 75 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna E. Radke

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 Otto T. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 25 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>75</u> | <u>10</u> | <u>10</u> | _____ hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Huffman

13. Birthplace Richmond, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Deward

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

16. (a) Informant Mrs. Ruth Bopp

(b) Address 3 Edwin Ave., Glendale, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/48
(Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 11-8-48 (Date received local registrar)

(b) Carl J. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Glendale **11**
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Edwin Ave. **5**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1948 hour 8 minute 30 **3** P.M.

21. I hereby certify that I attended the deceased from 12 August
1948, to 5 Nov., 1948
that I last saw her alive on 1 Nov., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral **Dysentery**

Due to My pertussis, untreated **5 yr.**

Due to - **30**

Other conditions Cerebral (heart) **2 yrs.**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 9

23. Signature J. H. Barnett, M.D. (M. D. or other **M.D.**)
Address 243 W. Jefferson Date signed 6 Nov 48

K. Inwood, MO.

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..... *Felix Hurand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 23 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.