

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33687

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>2473</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		d. STREET ADDRESS (If rural, give location) <u>9217 Lackland Road</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9217 Lackland Road</u>				d. STREET ADDRESS (If rural, give location) <u>9217-Lackland Road</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Martha</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>Anselm</u>	(Month) <u>Sept.</u>	(Day) <u>23</u>	(Year) <u>1952</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Oct. 9, 1878</u>	9. AGE (In years last birthday) <u>73</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Gallatin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Enoch Prichard</u>
13b. MOTHER'S MAIDEN NAME <u>Martha McClung</u>	13c. NAME OF HUSBAND OR WIFE <u>John J. Anselm, Dad.</u>	14. NAME OF HUSBAND OR WIFE <u>John J. Anselm, Dad.</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W. Anselm</u>		ADDRESS <u>9217-Lackland Rd-Overland Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	DUE TO (b) _____					DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____					DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	_____					_____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. MAJOR FINDINGS OF OPERATION	19d. MAJOR FINDINGS OF OPERATION	19e. MAJOR FINDINGS OF OPERATION	19f. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>9-23</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>9-23</u> , 19 <u>52</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Krausl, M.D.</u>			23b. ADDRESS <u>Overland, Mo.</u>		23c. DATE SIGNED <u>9-25-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-26-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentville, Mo. Notor.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blummann Bros. Inc.</u>	ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-25-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blummann Bros. Inc.</u>	ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blummann Bros. Inc.</u>	ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

SW

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

W. T. C. W. B. U.

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~~ Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (LX) Me

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.