

AY - 5 1939

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19728
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200
 (c) City Jennings, Mo. (d) Street No. 2520 McLaren Ave. Registered No. 813
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hartje
 (a) Residence, No. 2520 McLaren Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 11 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Fred H artje

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Francis Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Emma Krolemann
(ADDRESS) 2815 Glendale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Bellefontain Cem., DATE May 6/39.

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiament Ave.

20. FILE MAY - 5 1939
W. F. Larissant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3/39. 19__
 22. I HEREBY CERTIFY, That I attended deceased from 11/38, 19__ to 5/3/39, 19__
 I last saw PA alive on 5/3/39, 19__ Death is said to have occurred on the date stated above, at 10.30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. Date of onset _____
 Other contributory causes of importance: Senility

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. F. Larissant, M. D.
 (Address) 6815 W. Florissant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ed. Steinhilber
6815 W. Florissant Ave.,
E.V. 1100 6-8 PM.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Jos. W. Clark
Licensed Embalmer No. I66I

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.)