

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

**32908**

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **Deaconess Hospital** St.  
(e) Length of residence in city or town where death occurred **70** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Anna Frieda Oliver**

(a) Residence, No. **4500 Washington Blvd.** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 3, 1859**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**77 9 20**  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Seamstress**  
9. Industry or business in which work was done, as saw mill, bank, etc. **(Retired)**  
10. Date deceased last worked at this occupation (month and year) **15 yrs ago** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Franklin County, Mo.**

FATHER 13. NAME **Herman Meyer**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Charlotte Gerdes**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Sr. Olga Borgmann**  
(ADDRESS) **4500 Washington Blvd.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Friedens Cemetery** DATE **Sept. 25, 1937**

19. FUNERAL DIRECTOR **M. M. Schumacher**  
(ADDRESS) **4834 Natural Bridge**

20. FILED **SEP 25 1937** **J. T. Brebeck**  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 23, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 7, 1937, to Sept 23, 1937**  
I last saw him alive on **9-23-1937** Death is said to have occurred on the date stated above, at **2:45 p. m.**  
The principal cause of death and related causes of importance were as follows:

**Arterio-sclerosis (End-Arterio-sclerosis)**  
**930**  
Other contributory causes of importance:  
**Arterio-sclerosis Heart, 1935**  
**Chronic Myocarditis of Chronic**

Name of operation **Physical Exam.** Date of **Sept 23, 1937**  
What test confirmed diagnosis? **None** 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? **No**  
If so, specify \_\_\_\_\_  
(Signed) **A. R. Schreffler**, M. D.  
(Address) **1022 No. State Bldg**

STATEMENT BY LICENSED EMBALMER

I, John Ketter

Licensed Embalmer No. 3880

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

**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.)**