

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5432 Delor St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5432 Delor St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna M. Sulzner

3. (b) If veteran, name war. ----

3. (c) Social Security No. 493-01-3884

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 2, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Tayloress

11. Industry or business Blum Taylor Co.

MOTHER FATHER { 12. Name Edward Sulzner

13. Birthplace Baltimore Maine
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mueller

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

16. (a) Informant Edw Sulzner

(b) Address 5432 Delor St

17. (a) Burial (b) Date thereof 11/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Heblerle

(b) Address 2331 S. Broadway

19. (a) NOV 11 1940 (Date received local registrar)

J. Brecken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1940 hour 4 minute 35p M.

21. I hereby certify that I attended the deceased from 6/90 to 11/8, 1940
that I last saw her alive on 11-8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma primary in right breast

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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 _____

23. Signature Edw Edwards (M. D. or other)

Address 4030 Chouteau Date signed 11/9/40

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

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: *Robert C. Wheeler*

Licensed Embalmer No. *2178*

P. O. Address *St. Louis 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.