

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

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.

Registration District No. 7917

Primary Registration District No. 1003

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: City Hospital. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours.
(Specify whether
In this community 50 Years.
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. 3216 Knapp St. 26
(If multiple location)
(e) No Attending Physician.
(f) If foreign born, how long in U.S. _____ years.

3. (a) PRINT FULL NAME Anna Marrenbach.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife William Marrenbach. 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 30 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 5 hr. _____ min.

9. Birthplace Fayetteville, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Philip Pabst.

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

14. Maiden name Henrietta Nollman.

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

16. (a) Informant's own signature William Marrenbach.

(b) Address 3216 Knapp St.

17. (a) Burial (b) Date thereof 2-8-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 6 1941 (b) J. H. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1941 hour 6:20 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 Albert Perry (M. D. or other)
Address 10716 Date signed 2/6/41

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis av

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, above space should be left blank.