

4-13-40  
-17-39  
X23159

8164

State File No.

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 327

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7277 Country Club Dr.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 9 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 7277 Country Club Drive 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA EULTGEN

3. (b) If veteran, name war None 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 Anthony J. Eultgen 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 1, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 1 10     hr.     min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Charles Scholl

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

14. Maiden name Phillipina Kerber

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

16. (a) Informant A. J. Eultgen

(b) Address 7277 Country Club Dr. Normandy

17. (a) Burial (b) Date thereof Feb. 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) FEB 12 1941 (b) B. R. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th,  
year 1941 hour 6 minute     A. M.

21. I hereby certify that I attended the deceased from 2nd  
1940, to 7th, 1941;

that I last saw her alive on 7th, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis 2 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes  
(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 A. J. Sewing (M. D. or other) MD

Address 2342 Ashwood Date signed 2/12/41

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

MOTHER FATHER

NOV 10 1941

2-3

25-10-1-107-1000

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**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..... *John Ketter* .....

Licensed Embalmer No. 3890

P. O. Address.....

**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.**