

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1059

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution: St. Louis County Hospital  
(d) Length of stay: In hospital or institution 3 days  
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Pine Lawn  
(d) Street No. 2121 67th street  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Anna Joerding  
3. (b) If veteran, name war unknown  
3. (c) Social Security No. unknown

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Theodore Joerding 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased Nov. 11 1887

8. AGE: Years 53 Months 6 Days 7

9. Birthplace Owensville Mo.

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name William Fisher  
13. Birthplace unknown Bohemia  
14. Maiden name Unknown  
15. Birthplace unknown Bohemia

16. (a) Informant Theodore Joerding  
(b) Address 2121 67th St.

17. (a) (b) Date thereof 5/29/41  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director John E. ...  
(b) Address 5431 ...

19. (a) MAY 19 1941 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1941 hour 1 minute 20 A.M.  
21. I hereby certify that I attended the deceased from 5-15-41 to 5-18-41  
that I last saw her alive on 5-18-41

Immediate cause of death Sudden Cardiac Decompenation

Due to Hypertensive Cardio-Renal Vascular Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 1310

Major findings: Of operations

Of autopsy

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?  
(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 Teertse (M. D. or other)  
Address C. Hamp Date signed

Duration 1 wk  
3 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*J. Wm. Brinkley*

Licensed Embalmer No. *3653*

P. O. Address *H. Lewis* *Mr*

**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.**