

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7995

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1447 North 16th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 25-19

(d) Street No. 1447 North 16th. Street (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME Anna Deinowski

3. (b) If veteran, name war -

3. (c) Social Security No. none

20. DATE OF DEATH: Month October day 6 year 1941 hour 5 minute 50 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Deinowski 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: January 1 1902
(Month) (Day) (Year)

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 _____

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>10</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housewife

Due to arterial apoplexy

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Burdock

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

14. Maiden name Mary

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Deinowski

(b) Address 1447 North 16th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetry

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? _____

18. (a) Signature of funeral director General Funeral Home

(b) Address 2233 University Street

19. (a) UVI (Date received local registrar) (b) J. J. Bredbeck (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Thomas J. Williams (M.D. or other)

Address Deputy Coroner Date signed 10/7/41

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

46
0
1
9

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

Edward H. Beckhorst

Licensed Embalmer No.

2502

P. O. Address

Clayton 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.