

No. 2
1-4-41
-17-39
x269

FILED JAN 24 1942 791
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9987

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
OLYMERAN HOSP.
(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 MO (b) County _____

(c) City or town ST LOUIS, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 7425 MINNESOTA
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA C. STICKAMP

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex 1 FEMALE race WHTK

5. Color or _____

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

6. (b) Name of husband or wife CLEMENS

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

7. Birth date of deceased JAN 9 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name BERNARD FRESCHBURG

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

14. Maiden name ANNA ROBERTS

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

16. (a) Informant Anna Stickamp

(b) Address 7425 Minnesota Ave

17. (a) BURIAL (b) Date thereof 12/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS PETER & PAUL CHURCH

18. (a) Signature of funeral director J. P. Finley

(b) Address 7128 Michigan Ave

19. (a) DEC 17 1941 (b) J. J. Wodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 6:10 minute 0 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 _____

Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions _____
(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) Means of injury 5

23. Signature Alfred Perry (M. D. or other) _____

Address St. Louis Date signed 12/17/41

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.....

D. P. Funder

Licensed Embalmer No.

925

P. O. Address.....

St. Louis

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.