

FILED JUL 6 1942

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5348**

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

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:
4320 So 37th St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/15
(If outside city or town limits, write "RURAL")

(d) Street No. 4320 So 37th St.,
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Zepf

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1942 hour 7:45 minute - AM/PM

21. I hereby certify that I attended the deceased from, 19....., to, 19.....

that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec. 8, 1871
(Month) (Day) (Year)

Immediate cause of death.....
Chronic Myocarditis
Coronary Sclerosis
Arteriosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>12</u>hr.....min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Habendanc

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Zepf

(b) Address 4320 So 37th St.,

17. (a) Burial, cremation, or removal Burial

(b) Date thereof 6/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director O. J. Hoffmeister

(b) Address 4016 Chippewa St.,

19. (a) JUL 22 1942 (Date received by registrar)

(b) J. F. Brudeck (Registrar's signature)

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.....

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

Address W. S. Johnson Date signed 6/22/42

PHYSICIAN

Underlin the cause of death which death should be charged statistically.

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..... *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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.