

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(c) Name of hospital or institution: 9207 Lackland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 yrs
In this community 89 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9207 Lackland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna ~~Stinke~~ Steinke
3. (b) If veteran, name war /////// 3. (c) Social Security No. ///////

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Fred Stinke 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan 17 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name Do not know
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stinke
(b) Address 9207 Lackland

17. (a) Burial (b) Date thereof 7/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland, Mo

19. (a) JUL 14 1942 (b) C. L. McClanahan M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 10:15 minute A.

21. I hereby certify that I attended the deceased from 1941
to July 10, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General debility

Due to Bronchial asthma

Due to _____

Other conditions (Include pregnancy within 3 months of death) 112

Major findings: None
Of operations _____
Of autopsy none

Duration _____ years.
_____ years.
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) None
(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 _____
23. Signature Paul R. Whitener M.D.
Address 8923 Midland Date signed 7-10-1942

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

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13
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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 Al C. Ostmann
Licensed Embalmer No. 3478
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.