

380250

Registration District No.

784

Primary Registration District No.

200

Registrar's No.

2501

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural, Mason Road
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt # 13 Kirkwood, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town Rural - Mason Rd
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 13, Kirkwood, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Beckers Garrels

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wm L. Garrels
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 29 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 0 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Casper F. Beckers
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Tholl
(b) Address 3610a Wyoming
17. (a) Burial (b) Date thereof 12 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St

19. (a) DEC 3 - 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th
year 1942 hour 400 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 12th, 1942, to Dec. 29, 1942
that I last saw her alive on Dec. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with coronary occlusion
Due to Arteriosclerosis
Due to.....
Other conditions none (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?..... (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) (e) Means of injury.....
23. Signature B. P. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 11:30, 42

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

96
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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,

....., Registered Apprentice No.
working under my personal supervision.

Signed *Neville B. Frowitter*
Licensed Embalmer No. *3696*
P. O. Address *3621 Olive St.*

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.