

FILED DEC 10 1942

Registration District No. *207*

Primary Registration District No. *207*

Registrar's No. *2390*

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:  
Gravois & Baptist/Church Road  
(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 St. Louis,

(c) City or town Sappington, County  
(If outside city or town limits, write "RURAL")

(d) Street No. Gravois & Baptist Church Rd.  
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA M. HOLDENRIED

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 Married

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: May 20 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	5	24	hr. min.
----	---	----	----------

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

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name Christ Maybaum

13. Birthplace Germany (State or foreign country) *4*

14. Maiden name Rosa Lechner

15. Birthplace Germany (State or foreign country) *4*

16. (a) Informant Robert Holdenried

(b) Address Gravois & Baptist Church Rd.

17. (a) Burial (b) Date thereof 11/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SS Peter & Paul Cemetery

18. (a) Signature of funeral director: Selken - Benz Mortuary

(b) Address: 2842 Meramec St.

19. (a) NOV 16 1942 (b) C. G. McQuinn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th.  
year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1939  
to Nov 14, 1942  
that I last saw him alive on 11/14/42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Chronic interstitial nephritis 5 yrs.  
secondary anemia

Due to.....

Other conditions (Include pregnancy within 3 months of death):  
no

Major findings: Of operations no

Of autopsy no

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)

(e) Means of injury.....

23. Signature C. G. McQuinn (M. D. or other) *MD*

Address 4523 S. Kings Highway Date signed 11/18/42

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

96  
0  
0

96  
0  
0

207

**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.....<sup>me</sup>  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4248

P. O. Address - 2842 Meramec St.

St. Louis, 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.

COPIES