

FILED JAN 19 1943 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

164

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Josephine Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **2 Months in Hospital**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT

FULL NAME **ANNA MASCHEK**

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No.....

4. Sex..... **Female** / race..... **White** / Color or  
5. Color or  
6. (a) Single, widowed, married,  
/ divorced..... **Married**

6. (b) Name of husband or wife..... **JOSEPH MASCHEK**  
6. (c) Age of husband or wife if  
alive..... **51** years

7. Birth date of deceased..... **Nov 8th 1891**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**51** **1** **28** hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business..... **At Home**

12. Name..... **Henry Winkels**

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

14. Maiden name..... **Mary ?**

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

16. (a) Informant..... **Joseph Maschek**

(b) Address..... **3139 Texas Ave.**

17. (a) **Bucial** (b) Date thereof..... **Jan 9/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Old S.S. PETER & PAUL**

18. (a) Signature of funeral director..... **Thorndike's Son**

(b) Address..... **2906 Gravois Ave**

19. (a) **JAN 7 1943** (b) **J. F. Maschek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**  
(c) City or town..... **St. Louis** **12th**  
(If outside city or town limits, write "RURAL") **9th**  
(d) Street No. **3139 Texas Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6th**  
year..... **1943** hour..... **10.46** A.M. M.

21. I hereby certify that I attended the deceased from  
**November 2, 1942** to **January 6, 1943**  
that I last saw her alive on **January 26, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Mesenteric Thrombosis** **2 days**  
**and** **pancreatitis with embolus**  
**formation blocking bifurcation**  
**of aorta, with an ascending** **aneurysm**  
**and thrombosis of aorta 2 yrs**

Other conditions..... **Gangrene of lower**  
(Include pregnancy within 3 months of death)  
Major findings: **Right extremity with beginning**  
**of operations of left leg 7 weeks**  
**Amputation of Right leg 12-9-42**  
Of autopsy..... **Above findings**

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..... **J. P. Tenin** (M. D. number)  
Address..... **2730 McNAIR AVE** Date signed..... **1-7-43**

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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 *David Van Fossan*

Licensed Embalmer No. *7242*

P. O. Address *2906 Garrison*

**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.**