

FILED FEB 23 1943 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis.
(c) Name of hospital or institution:
2220 Dodier St.
(d) Length of stay: In hospital or institution
In this community 50 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town. St. Louis.
(d) Street No. 2220 Dodier St.
(e) Citizen of foreign country? / (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Anna F. Vahle.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Peter H. Vahle. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15 1854.

8. AGE: Years Months Days If less than one day
88 9 27 hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country) 4

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER { 12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country) 9

16. (a) Informant J. G. Vahle.
(b) Address 2515 Semple Ave.

17. (a) Burial (b) Date thereof 2-15-43.
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hv. Leidner Und Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 15 1943 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1943 hour 9:05 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 15
1942 to Feb 12 1943
that I last saw her alive on Feb 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration not known

Due to 97
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (c) Means of injury
23. Signature George Mueller (M. D. or other) 0
Address 2584 N 14 Date signed Feb 13 1943

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

in Miller - 14 57 1/2 hours
2-3 P.M.

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 John T. Bushdaly
Licensed Embalmer No. 1674
P. O. Address 3323 So. Main Ave

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.