

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

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:  
3726 A Connecticut St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
3726 A Connecticut St. (If rural, give location)  
(d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANNA MARIE FUNCK

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George L FUNCK 6. (c) Age of husband or wife in years 66  
7. Birth date of deceased Jan 30 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 21 hr. min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Frank Cossmann  
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant George L FUNCK  
(b) Address 3726 A Connecticut St.

17. (a) Burial (b) Date thereof April 23, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSet Burial Park

18. (a) Signature of funeral director Shorwitz & Co

(b) Address 2906 Gravois Ave.

19. (a) 22 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1943 hour 4 45 A.M. minutes \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 17 to Apr 20 1943  
that I last saw him alive on Apr 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinomatous  
Carcinoma of Bladder  
Urinary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Explain carcinoma  
Of operations med of floor of bladder  
Of autopsy \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature D. V. Gordon (M.D. or other) S.W.D.  
Address 3115 P. Grand Date signed 4/21/43

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

*Dr Van Deren  
3117 Seward*

**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. *4742*  
P. O. Address *2906 Lewis*

**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.**