

MAY 27 1943

318

1003

4609

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7052 Winona Ave.
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6132a Columbia Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna C. Bilzing
3. (b) If veteran, name war. None 3. (c) Social Security No. None
4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Adolph Bilzing 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 10th 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17th
year 1943 hour 2:30 minute P.M. M.
21. I hereby certify that I attended the deceased from 4-13-43
....., 19....., to 5-17- 1943
that I last saw her alive on 5-17- 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 2 7 hr. min.

Immediate cause of death
metastatic carcinoma
lung
Due to Primary carcinoma
of left thymary gland.
Due to.....

9. Birthplace Marissa Illinois
(City, town, or county) (State or foreign country)

Other conditions..... (Include pregnancy within 3 months of death)
50

10. Usual occupation Housewife

11. Industry or business
12. Name William B. Kunze
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Schneidumbt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Adolph Bilzing
(b) Address Illinois

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?

17. (a) Removal (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill Belleville Ill.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

23. Signature W. R. Gurn (M. D. or other) M.D.
Address 2227 S Broadway Date signed 5-18-43
While at work? (Specify type of place) (a) Means of injury.....

19. (a) MAY 18 1943 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DRWAY
G.F. 0322
Lo. 2914

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 Richard W. Storvick

Licensed Embalmer No. 4007

P. O. Address.....

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.