S. No. 2
M—1-4-41
v 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19408

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 5640

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Lutheran Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-1/2 Years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4359 Taft
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Bidlingmeier

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 Widow 2

6. (b) Name of husband or wife John Bidlingmeier

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

7. Birth date of deceased 7 (Month) 24 (Day) 1874 (Year)

8. AGE: Years 68 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Ignatz Stralkowski
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Boleswa Ossowski
15. Birthplace (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Olive J Bidder
(b) Address 72 Glen Ridge

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) JUN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 1943 hour 9:20 A.M. minute M.

21. I hereby certify that I attended the deceased from April 24, 1941, to June 6, 1943
that I last saw her alive on June 6, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Turtle Locomotor Ataxia	about 10 yrs
Due to: Valvular Heart disease	2 years
Due to: Aortic Regurgitation Cardiac failure	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 30 a
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Adam G Youngman (M. D. or other) MD
Address 5439 Gravois Date signed 6/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Adam S. Young Man
5439 Bedford
Nov 1340

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 William T. Hirons

Licensed Embalmer No. 4319

P. O. Address 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.