

FILED JUL 24 1943
 318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
Carrie E. Gietner Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 yrs. 6 mo.**
 In this community **Unknown**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL") **9 15**
 (d) Street No. **5000 S. Broadway**
 (If rural, give location)
 (e) Citizen of foreign country? **--** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Anna S. Enders**
 (b) If veteran, name war **No**
 (c) Social Security No. **--**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **13**
 year **1943** hour **1:05** minute **0** M.
 21. I hereby certify that I attended the deceased from **March 25**
 19**41** to **July 13** 19**43**
 that I last saw h. or alive on **July 12** 19**43**
 and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Widow**
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Aug 9 1870**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of Right Breast**
 Due to **Metastasis dorsal vertebrae**
 Duration **3 yrs**
6 MTS

8. AGE: Years **72** Months **11** Days **4**
 If less than one day _____ hr. _____ min.
 9. Birthplace **Chicago Ill**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **None**

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **Schiedinger**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Harvey T. Enders**
 (b) Address **430 E. 86th St. New York**
 17. (a) **Cremation** (b) Date thereof **7 15 43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Missouri Crematory**
 18. (a) Signature of funeral director **Joseph Helmut Wood Co.**
 (b) Address **3634 Beavon Ave**
 19. (a) **15 1043** (b) **J. J. Probst**
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) **11:05** 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) Means of injury _____
 Signature **J. J. Probst** (M. D. or other)
 Address **5000 S. Broadway** Date signed **7/24/43**

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Waukegan, Ill.

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.