

X2635

ED. JUL 24 1943 318
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6290**

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

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:
1102 St. Louis 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.....
years, months or days)

3. (a) PRINT **Anna Rell**
FULL NAME

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 **Married**

6. (b) Name of husband or wife **Adolph Rell** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **June 12th. 1895**
(Month) (Day) (Year)

8. AGE: Years **48** Months **-** Days **28** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **? Leshneski**

MOTHER FATHER { 12. Name **? Leshneski**
13. Birthplace **Poland 4**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **?**
15. Birthplace **? 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Matilde Rell**
(b) Address **1102 St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **July 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General Funeral Home Inc.**
(b) Address **2233 University Street**

19. (a) **JUL 12 1943** (b) **J. J. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 926**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1102 St. Louis Ave.** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
1943 year hour **2** minute **05** P.M.

21. I hereby certify that I attended the deceased from **7/7/43** to **7/10/43**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **1. Coronary thrombosis 2 mo**

2. Hypertension 2 yrs
Due to **3. Terminal pneumonia 3 days**
Pneumonia

Other conditions (Include pregnancy within 3 months of death) **PH**

Major findings: Of operations **none**
Of autopsy **none**
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) **none**
(b) Date of occurrence **no**

(c) Where did injury occur? **none**
(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 **0**

23. Signature **John J. Young M.D.** (M. D. or other)
Address **2806 Thaddeus** Date signed **7/12/43**

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

Edward J. Beckher

Licensed Embalmer No. *2502*

P. O. Address

Clayton 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.