

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7260**

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:  
**4052 1/2 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..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **ANNA MENGERSON.**

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 **WIDOWED**

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

7. Birth date of deceased **JULY 4<sup>th</sup> 1859**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **7** If less than one day..... hr. .... min.

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

10. Usual occupation **AT HOME**

11. Industry or business.....

MOTHER FATHER { 12. Name **JOHN RIETINGER**

13. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **4**

14. Maiden name **UNKNOWN**

15. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Mr. Julia Carlos**

(b) Address **4052 1/2 St. Louis Ave.**

17. (a) **BURIAL** (b) Date the body was buried, cremated, or removed **AUG 13-1943**  
(Burial, cremation, or removal) (City, town, or county) (State)

(c) Place of burial or cremation **St. Ann's Church**

18. (a) Signature of funeral director **L. Miller - 576 S. Delmar Bl**

(b) Address.....

19. (a) **4116 1/2** (b) **J. F. Brudeck** (Date received for local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **12**  
(c) City or town **ST LOUIS** (If outside city or town limits, write "RURAL") **9 11**  
(d) Street No. **4052 1/2 ST. LOUIS AVE** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **11<sup>th</sup>**  
year **1943** hour **12** minute **01 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1** 19**37** to **AUG 11** 19**43**

that I last saw her alive on **AUG 11** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 5 yrs.**

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes fit to 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) (e) Means of injury.....

23. Signature **J. F. Brudeck** (M. D. or N.D.) **M.D.**  
Address **1492 Hickman St** Date signed **8/12/43**

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

**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 H. G. Farris  
Licensed Embalmer No. 3384  
P. O. Address St. Louis

**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.**