

FILED SEP 21 1943

1003

Registration District No. 318

Primary Registration District No. 1003

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:
Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether
In this community _____
years, months or days)

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") 417
(d) Street No. 3825 Cleveland Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Anson

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 Single

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

7. Birth date of deceased December 24 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 16 hr. 0 min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Anson

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

14. Maiden name Margaret Matthews

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

16. (a) Informant _____

(b) Address 3825 Cleveland Ave

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3099 Lafayette Ave

19. (a) SEP 11 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day September
year 1943 hour 8:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Aug 11 - 1943 to Sept 9 - 1943
that I last saw her alive on 9/9/43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
+ Auricular Fibrillation
Due to Senility
Due to 93

Other conditions Chronic Passive Congestion
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature D. A. O. Bond (M. D. or other) 210
Address 291 N. Kingshighway Date signed 10/1/43

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

29198. Hengeling

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 Francis J. Swens

Licensed Embalmer No. 3245

P. O. Address. Adelphi

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.