

FILED OCT 13 1943
Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 26 Days
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Amelia Krekemsier

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased Dec 12 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 18 hr. — min.

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

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER { 12. Name Henry Neiermeier
13. Birthplace German
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant John Krekemsier

(b) Address 118 117 Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/43
(Month) (Day) (Year)

(c) Place: burial or cremation Krakow, Mo.

18. (a) Signature of funeral director Ray Miller Chagel

(b) Address 5041 Helmer Blvd

19. (a) OCT 1 1943 (Date received local registration) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1177 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30, year 1943 hour 6:26 minute _____ A. M.

21. I hereby certify that I attended the deceased from September 5, 1943 to September 30, 1943.
that I last saw her alive on September 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory and Respiratory failure
Due to Cerebral embolism Duration ? 2 days
? 6 weeks

Due to Auricular fibrillation ? months

Other conditions arteriosclerotic heart disease ? yrs.
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: [Signature]
Of operations _____
Of autopsy Permission refused
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 Robert E. Holt (M. B. No. _____)
Address 1515 Lafayette Avenue Date signed 9/30/43

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 William J. Brown

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.

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: _____
(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 FULL NAME Mrs Anna Amelia Krekemeier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Dec 12 1885
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) OCT 10 1948 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 17 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

TO THE ORDER OF THE Bearer

ONE HUNDRED DOLLARS

THIS CHECK IS PAYABLE TO THE ORDER OF THE Bearer

FOR DEPOSIT ONLY

NO CASH PAYMENTS

TO BE MADE ON THIS CHECK

AT THE OPTION OF THE Bearer

BY DEPOSIT ONLY

IN ANY BANK OR BANKING OFFICE

OR OTHER FINANCIAL INSTITUTION

WHICH ACCEPTS DEPOSITS

AND CHECKS

AND IS A MEMBER OF THE FEDERAL RESERVE SYSTEM

AND IS AUTHORIZED TO ACCEPT DEPOSITS AND CHECKS

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