

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8427**

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:  
2912 So. 13th St.  
(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 Anna J. Naert  
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 Emil C.  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Sept. 10 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 0 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Jacob DeGrund  
13. Birthplace Holland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Dont Know.  
15. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Emil C. Naert  
(b) Address 2912 So. 13th St.

17. (a) Burial (Burial, cremation, or removal) SS. Peter & Paul Cem.  
(b) Date thereof SEP 25, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director Leben - Benz Mortuary  
(b) Address 2842 Morgan St. <

19. (a) SEP 23 1943 (Date received local registrar)  
J. Thadeck (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. 2912 So. 13th St.  
(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 21  
year 1943 hour 3 minute 45 P. M.

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

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & nephritis  
Chronic

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. August Meyer (M. D. or other)  
Address 4661 1/2 W. 13th St. Date signed 9/23/43

24  
000  
17  
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*Joe D. Benz*  
.....  
Licensed Embalmer No. 4249.....

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.**