

FILED DEC 10 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10539**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7yrs, 7mo, 28days
(Specify whether
In this community Life 0
years, months or days)

3. (a) PRINT FULL NAME Anna Altenmeyer.

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 Widow

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

7. Birth date of deceased February 20 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>10</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Bernard Miller. 9
13. Birthplace ????? 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna Leyerer.
15. Birthplace ????? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Miller

(b) Address 5800 Arsenal

17. (a) BURIAL (b) Date thereof 12-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur Donnell

(b) Address 3840 Lindell Blvd

19. (a) DEC 1 1943 J. F. Medeck
(Date received local registrar) (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. 1629a So. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country American 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30,
year 1943 hour 3:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 10
1943 to Nov. 30 1943
that I last saw her alive on Nov. 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 2 days

Due to coronary arteriosclerosis Myocardial infarction

Due to Arteriosclerosis many years

Other conditions Coronary heart disease, Hypertension
(Include pregnancy within 6 months of death)

Major findings: Of operations: PH

Of autopsy Pulmonary Embolus, Cornea hypertrophy, arteriosclerosis
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) (e) Means of injury _____

23. Signature J. F. Medeck 0 (M. D. or other)
Address 5800 Arsenal Date signed 12/30/43

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3840 Lindell

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.