

FILED DEC 31 1943
Registration District No. _____

Primary Registration District No. 1003

State File No. 10261
Registrar's No. _____

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

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. 4129 Michigan Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna Lamprecht,

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 Sylvester A., 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased. December 14, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 7 _____ hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Johann G. Bader,

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

14. Maiden name Catherine Schmid,

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

16. (a) Informant E. G. Lamprecht,

(b) Address 7606 Sutherland Ave.,

17. (a) Burial, (b) Date thereof 11/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem

18. (a) Signature of funeral director Heber-Benz Mortuary

(b) Address 2842 Meamec St.

19. (a) NOV 23 1943 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 21
year 1943 hour 1: minute 05 A.M.

21. I hereby certify that I attended the deceased from 1-25/43 1943 to 11/21 1943
that I last saw her alive on 11-21/43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Senility
(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) (e) Means of injury _____

23. Signature J. F. Bredek (M. D. or other) _____
Address 4005 Sp. Grand Blvd. Date signed 11/23/43

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

MOTHER FATHER

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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.