

FILED DEC 3 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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: St. Anthonys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Langmeier

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 Widowed

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

7. Birth date of deceased June 17 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Wohradsky

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

14. Maiden name Unknown

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

16. (a) Informant Edna Langmeier  
(b) Address 2818 Mt. Pleasant

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

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm E. Maydell  
(b) Address 1926 Allen Ave.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2818 Mt. Pleasant. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
year 1943 hour 1:30 minute a. M.

21. I hereby certify that I attended the deceased from September 26, 1942, to Nov. 22, 1943.  
that I last saw her alive on Nov. 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia lobar hypostatic  
Due to: fracture neck of right femur  
Ch. myocarditis  
Due to: Ch. myocarditis  
arterio-sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 18/18 Of operations: except above  
Of autopsy: none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Nov 9-43  
(c) Where did injury occur? home 000  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home  
While at work? no (Specify type of place) (e) Means of injury fall  
23. Signature J. F. Beedeck (M. D. or other) med  
Address 2767 Morris Date signed 11-23-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. M. Davis

Licensed Embalmer No. 3541

P. O. Address 1926 Allen Ave

**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.