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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10417

FILED DEC 22 1943

Registration District No. 3918 Primary Registration District No. 1008 Registrar's No. 10693

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4741 Terrace Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4741 Terrace Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Reeg
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank G. Reeg
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 7th, (Day) 1880. (Year)
8. AGE: Years 63 Months 9 Days 27 If less than one day hr. min.
9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation House-Wife
11. Industry or business
FATHER 12. Name Christ Stahlhuth
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Frank G. Reeg
(b) Address 4741 Terrace Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) (Day) 1943. (Year)
(c) Place: burial or cremation Park Lawn Cemetery.
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.
19. (a) DEC 6 1943 (Date received local registrar) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th, year 1943. hour 5 minute 0 A. M.
21. I hereby certify that I attended the deceased from 12/2/43, 19..., to 12/4/43, 19...; that I last saw her alive on 12/3/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	48 hrs.
Due to	
Due to Senility	
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) (e) Means of injury
23. Signature D. S. Ponette (M. D. or other)
Address 6006 Virginia Date signed 12/4/43

(Licensed Embalmer's Statement on Reverse Side)

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.