

FILED FEB 7 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 267

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6317 Wellston
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ANNA Federman

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 Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May 1 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business ---

12. Name Andrew Johnson

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

14. Maiden name Katherine Paterson

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

16. (a) Informant Gus Garden

(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 2 - 1944 (b) E. G. one Larran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1/8/44 to 1/12/44

that I last saw her alive on Jan 12 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with metastasis
Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations 50

Of autopsy _____

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 William J. ... (M. D. or other) MD.
Address Epilamin's Camp, Mo. Sp. Date signed 1/31/44

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

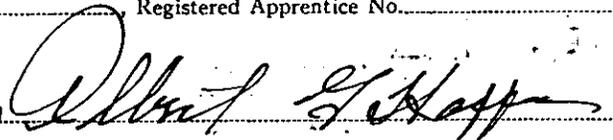
96
2
3

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.....



Licensed Embalmer No. 2971

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.