

FILED FEB 23 1944  
Registration District No.

Primary Registration District No. 3069

Registrar's No. 234

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6354 Alamo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annetta Hunt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Leigh Baur 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 27, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Plotts  
13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Dunn  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Baur  
(b) Address 6354 Alamo  
17. (a) Burial (b) Date thereof 1/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) JAN 28 1944 (b) E. G. Medard M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1944 hour 9.00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-21-44  
\_\_\_\_\_, 19\_\_\_\_, to 1-25-44, 19\_\_\_\_;  
that I last saw her alive on 1-25-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 4 days  
Due to Hypertensive Vascular Disease ?

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) (b) Means of injury \_\_\_\_\_

23. Signature E. Lee Schroeder (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 1/26/44

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..... *Shornig Eynock* .....  
Licensed Embalmer No..... *11284* .....  
P. O. Address..... *St Louis Mo.* .....

**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.**