

FILED MAR 13 1944

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1956

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

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: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 Days  
In this community 14 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 009 19  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917  
(d) Street No. 2937 Eads Ave (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Richard Iden  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 26 year 44 hour 12 minute 00 Noon

4. Sex Female 5. Color or race White 6. (a) Single, widowed; married, divorced Widowed  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

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

7. Birth date of deceased Sept 11 1865  
(Month) (Day) (Year)  
8. AGE: Years 78 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Fracture right hip Arteries sclerotic when she fell down the muddy steps leading to basement of Rev. Parson February 3<sup>rd</sup> 1944 about 1:30 PM '44  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Centralia Ill. Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

Other conditions (Include pregnancy within \_\_\_\_\_ months of death) 18

11. Industry or business At Home  
12. Name Henry Wisenart  
13. Birthplace Georgia  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Rainey  
15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant John Iden  
(b) Address 2937 Eads Ave  
17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 2 / 29 / 44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Motor to Mt. Pilaski Ill.  
18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave.  
19. (a) FEB 28 1944 J. F. Budech  
(Date received local certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 100  
(b) Date of occurrence Feb 3 1944  
(c) Where did injury occur? St. Louis (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 W. H. Perry (M. D. or other) 3  
Address Capitol Branch Date signed 2/29/44

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

**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 L. B. Cooper  
Licensed Embalmer No. 3633  
P. O. Address 2317 Lafayette

**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.**