

Registration District No. 1 1944 318 Primary Registration District No. 1003 Registrar's No. 2882

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

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: Children's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 17 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 8
If less than one day hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Leonard Stegall
13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Wright
15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Stegall
(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

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

19. (a) Date received local registrar J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1944 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from 3-15-44
19 to 3-25-44 19
that I last saw her alive on 3-25-44 19
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Duration 36 hrs.

Due to Pathological & operative disturbance of medulla oblongata
Due to 56

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Brain tumor arising in 4th ventricle
Of autopsy No Malignancy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, any 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 Allyson McDowell (M.D. or other) M.D.
Address 4500 P. King highway date signed 3-25-44

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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.....

John Gyonsky
3398

Licensed Embalmer No.....

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.