

FILED MAY 2 1944
818

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
St. John's 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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4057a Cleveland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Anderwert

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Augusta Anderwert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 22nd 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chef

11. Industry or business Stix Baer & Fuller Co.

MOTHER FATHER

12. Name Ottimar Anderwert

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

14. Maiden name Unknown Waight

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

16. (a) Informant Eugene A. Anderwert

(b) Address 4057a Cleveland Ave.

17. (a) Incineration (b) Date thereof 4-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 21 1944 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1944 hour 7:15 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from 1936
_____, 19____, to April 21, 1944
that I last saw him alive on April 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease Duration _____ years

Due to _____

Due to Heart
Other conditions Fasciitis with lymphoma 2 mo
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
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 Chowmiller (M. D. or other) _____
Address 405 Humboldt Date signed 4/21/44

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

Mr. Oscar Swickard
Reverend Father 2/14/1-3

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.