

Registration District No. 818

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town: St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5741 Holly Hills Avenue /  
(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)

3. (a) PRINT FULL NAME: ANNA FLEISCHMANN

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_

7. Birth date of deceased: July 16 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 19 21 hr. min.

9. Birthplace: St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name: Jackob Schweikert

13. Birthplace: unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Julianna Schweikert

15. Birthplace: unk 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Marie Grothaus

(b) Address: 5741 Holly Hills Avenue

17. (a) BURIAL (b) Date thereof: 5-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Old SS. Peter & Paul

18. (a) Signature of funeral director: Central Mort. Co

(b) Address: 1841 Cass Ave

19. (a) MAY 9 1944 (b) J.F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 009 17  
(c) City or town: St. Louis 92  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 5741 Holly Hills Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 7th  
year: 1944 hour: 6 minute: \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from September  
1943 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on Apr 25 \_\_\_\_\_ 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Mitral Valve enlargement  
Chronic Brights Disease

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death) 1/2/1

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)  
(e) Means of injury: 0

23. Signature: Harren Heyenga M.D. (or other)  
639 S. Kings Highway Date signed: 5/9/44

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

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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 Agonovski*

Licensed Embalmer No. *3398*

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.**