

Registration District No. **8** Primary Registration District No. \_\_\_\_\_

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: Mo. Baptist 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. 327 N. Boyle Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Anna Madeleine Held  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married,** Single  
divorced.  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive. years  
**7. Birth date of deceased** Aug. 25 1928  
(Month) (Day) (Year)

**8. AGE:** Years 15 Months 8 Days 11 If less than one day \_\_\_\_\_  
hr. min.

**9. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Student

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

**12. Name** Fred. W Held  
**13. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Madeleine Sparks  
**15. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Fred W. Held  
**(b) Address** 327 Boyle Ave.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** May 9 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Louis  
**18. (a) Signature of funeral director** Drehmann-Harrel  
**(b) Address** 1905 Union Blvd.

**19. (a)** MAY 8 1944 **(b)** J. F. Bredack  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Apr. May day 6  
 year 1944 hour 2 minute \_\_\_\_\_ **A. M.**

**21. I hereby certify that I attended the deceased from** 2-27-44, 1944, to 5-6-44, 1944;  
 that I last saw h.e.r. alive on 5-6-, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia  
 Duration year

Due to Cardiac failure

Due to \_\_\_\_\_  
 Other conditions MI  
(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** R. J. [Signature] **(M. D. or other)** \_\_\_\_\_  
 Address 718 [Address] Date signed 5-6-44

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.**