

FILED MAY 15 1944 318

4057

Registration District No. Primary Registration District No. 1000 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:
6566 Lindenwood Place
(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 Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6566 Lindenwood Place
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Kretschmann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1944 hour 2 minute 20 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Jan. 27 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7:30 1944 to 9:15 1944
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 4 Days 6 If less than one day
hr. min.

Immediate cause of death Cardiac Dysrhythmia Duration 10 days
Due to Hypertensive Cardia
pseudoc. Dis. 10 9/10
Due to.....

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

Other conditions Diabetes 5 7/10
(Include pregnancy within 3 months of death)

10. Usual occupation Home

Major findings:
Of operations UI PHYSICIAN
Of autopsy.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Fred Joerns

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

14. Maiden name Rosenbrock

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

16. (a) Informant Emma Murphy

(b) Address 6566 Lindenwood

17. (a) Burial (b) Date thereof May 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Helders

(b) Address 3634 Gravois Ave.

19. (a) MAY 2 1944 (Date received local registrar)

J. F. Bredsch (Registrar's signature)

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?

Specify type of place
Where or work?..... (c) Means of injury.....
Signature Wacker-Helders (M. D. or other)
Address 2924 S. Grand Date signed 5/1/44

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

30
17
9

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 *Ernest G. Johnson*

Licensed Embalmer No. *2515*

P. O. Address *St. Louis, Mo*

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.