

FILED MAY 20 1944
Registration District No.

318 Primary Registration District No.

1002 Registrar's No. 4372

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:
4338 Manchester Ave.
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4338 Manchester Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1944 hour 3:45 minute P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Henry Eveker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 24th 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-17, 1944 to 5-8, 1944
that I last saw her alive on 5-8, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 7 15 hr. min.

Immediate cause of death Chronic Endo Carditis & Chronic Myocarditis
Due to.....
Due to.....

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions Senility 92
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Bernard Netteler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles Eveker
(b) Address 4338 Manchester Ave.
17. (a) Burial (b) Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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?

18. (c) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 11 1944 (b) J. F. Malach
(Date received local registrar) (Registrar's signature)

23. Signature J. S. Shute (M. D. or other)
Address 2100 S. Kingshighway Date signed 5-11-44

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

MOTHER, FATHER

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

Richard W. Storrans

Licensed Embalmer No. *4007*

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.