

FILED JUN 24 1944

Registration District No.

Primary Registration District No.

6076

Registrar's No.

1338

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7827 Murdoch Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 7827 Murdoch
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALLHERMFECHTEL, Anna

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

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 6, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Louis Wallhermfechtcl
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wapehorst
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Webb (sister)
(b) Address 7827 Murdoch

17. (a) Burial (b) Date thereof June 22, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan, Sr.

(b) Address 46 Manchester Rd.

19. (a) JUN 21 1944 (b) E. J. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 16
1944 to June 18 1944
that I last saw her alive on June 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Glomerulo-Nephritis
Uremia

Duration

1 week

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (b) Means of injury _____

23. Signature: John King (M. D. or other) M.D.
Address: 6716 Big Bend Rd Date signed 6/20/44

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

96
15
0

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..... *W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.