

Registration District No. 318

Primary Registration District No. 1003

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:
1806 North 23rd
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 33 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If rural, give location)
 (d) Street No. 1806 North 23rd
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA RIGET

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edger Riget
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased February 27, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 5 _____ hr. _____ min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Braun
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Goetz
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred P. Riget
 (b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Sept. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Albert W. Halden
 (b) Address Belleville, Illinois

19. (a) SEP 5 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
 year 1944 hour 5:05 minute _____ p. M.

21. I hereby certify that I attended the deceased from Jan 4, 1944, to Sept. 2, 1944
 that I last saw Jan 4 alive on Sept. 2, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum Duration 9 mos.

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)
 (e) Means of injury _____

23. Signature Jos. P. Bernay (M. D. or other)

Address 1225 No. Grand Date signed 9/2/44

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

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.....

Edgar A. Baldus

Licensed Embalmer No. *2846*

P. O. Address *Bellville, Ill*

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.