

FILED DEC 15 1944
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10352

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4380 Holly Hills Blvd.
 (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 _____

3. (a) PRINT FULL NAME Anna Stangler

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

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

6. (b) Name of husband or wife Albert G. Stangler 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JULY 4 1873
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Meyer

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

14. Maiden name Mary Baum

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

16. (a) Informant Albert G. Stangler

(b) Address 4380 Holly Hills Blvd.

17. (a) Burial (b) Date thereof 12/6/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (e) Signature of funeral director Wm C. Russell

(b) Address 1926 Allen Ave.

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

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. 4380 Holly Hills Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
 year 1944 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1-24-43
 _____, 19____, to 12-1-44, 19____
 that I last saw her alive on 12-1, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Hyper nephroma Left Kidney
 Duration _____

Due to _____

Due to _____

Other conditions Diabetes
 (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 J. F. Brudeck (M. D. or other) _____
 Address 4065-50 Grand Date signed 12/4/44

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

Farris

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allendale

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.