V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36518

FILED DEC 5 1944

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10080

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:
533 Hamilton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life,
years, months or days ANNA BYRNE WAHLERT

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ohio

(c) City or town St. Louis, 17 5
(If outside city or town limits, write "RURAL")

(d) Street No. 533 Hamilton,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ~~Anna Wahlert~~

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry M.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 8, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	16	hr. min.

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

10. Usual occupation Housewife,

11. Industry or business

MOTHER FATHER

12. Name Nicholas Byrne,

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

14. Maiden name Catherine O'Brein,

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

16. (a) Informant William Cullen,

(b) Address 3879 Bingham,

17. (a) Burial (b) Date thereof 11/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa,

19. (a) NOV 27 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1944 hour 11 minute a M.

21. I hereby certify that I attended the deceased from July 17 1939, 19, to Jan. 12, 1944
that I last saw her alive on Jan 12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure.	
Due to Myocarditis	5 yrs +
Hypertension	5 yrs +
Due to Arteriosclerosis	5 yrs +
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operations
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address University Club Bldg. Date signed 11-27-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10080

On this 4th day of January, 1945, before me appears Mr. Wm. Cullen, who, upon his oath, states that the original record of ~~birth~~ death for Anna Wahlert, ~~born~~ died 11-24-1944, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on 11-27-, 19 44, should be corrected as follows:

Item No. 3a should read Anna Byrne Wahlert
Instead of Anna Wahlert

Item No. 6b should read Morris E. Wahlert
Instead of Henry M.

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Corrected 6-45

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William Cullen
Relationship nephew
3879 Bingham
Present Address.

Subscribed and sworn to before me this 4th day of January, 1945.

My Commission expires December 6, 1948 Gertrude M. Stewart Notary Public.

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