

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 275
Registrar's No. 56

FILED JAN 16 1945
318

Registration District No. 318 Primary Registration District No. 1

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthonys Hospital
(d) Length of stay: In hospital or institution 0
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Affton
(d) Street No. 8713 Neier Lane
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME Anna Fouke
(b) If veteran, name war XX (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2nd
year 1945 hour 5:05 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
7. Birth date of deceased March 5 1860

21. I hereby certify that I attended the deceased from May 19 44 to Jan 2nd 19 45
that I last saw her alive on Jan 2 19 45
and that death occurred on the day and hour stated above.

8. AGE: Years 84 Months 9 Days 27
If less than one day hr. min.

Immediate cause of death: Angina Pectoris
Due to: 94
Due to:

9. Birthplace St. Louis Missouri
10. Usual occupation at home

Other conditions: Chronic indigestion (Gastritis)
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Jerry O'Donnell
13. Birthplace Ireland
14. Maiden name NOT KNOWN
15. Birthplace Not known

PHYSICIAN
Major findings: Of operations
Of autopsy

16. (a) Informant William Fouke
(b) Address 8713 Neier Lane
17. (a) Burial (b) Date thereof 1/5/45
(c) Place: burial or cremation S. S. Peter & Paul Cem

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.
19. (a) JAN 4 1945 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

23. Signature: W. H. Kelley
Address: 9915 Gravois Affton Date signed: 1/2/45

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

30
17
9

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address. 7027 Grandis

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.