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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 813

FILED JAN 16 1945  
Registration District No. 115

Primary Registration District No. 1003

Registrar's No. 188

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)

In this community Since Birth  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Glendale  
(If outside city or town limits, write "RURAL")

(d) Street No. 1175 Brownell Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Stephensmeier

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, 1945, day 5, hour 8 minute 21 Pm. M.

21. I hereby certify that I attended the deceased from Aug 21, 1946, to Jan 5, 1945.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Anthony W. Stephensmeier 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31, 1871  
(Month) (Day) (Year)

that I last saw her alive on Jan 5, 1945, and that death occurred on the date and hour stated above.

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <u>73</u> | <u>9</u> | <u>5</u> | hr. _____ min.       |

Immediate cause of death:  
Congestive heart failure Duration 1 wk

Due to Coronary arteriosclerosis with myocardial damage

Due to \_\_\_\_\_

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

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Not Known

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

14. Maiden name Not Known

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Anthony W. Stephensmeier

(b) Address 1175 Brownell Ave Glendale

17. (a) Burial (b) Date thereof 1/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Dermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JAN 7 1945 (Date received local registrar)

J. F. Bredech (Registrar's signature)

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 Samuel B. Grant (M. D. or other) \_\_\_\_\_

Address 114 N. Taylor Date signed 1/6/45

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

96  
11  
NR

MOTHER FATHER

**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 *Gustav W. Dietel*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

**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.**