

**FILED MAR 9 1945**  
Registration District No. \_\_\_\_\_

**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **1658**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6919a Bruno Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 41 years  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Marie Ansley

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 Clyde Ansley

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased April 4th. 1903  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>41</u>	<u>10</u>	<u>13</u>	hr. min.

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

10. Usual occupation Housework

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

**MOTHER** { 12. Name Frank Schwindeler

13. Birthplace Ill

**FATHER** { 14. Maiden name Frieda Cadwell

15. Birthplace unknown

16. (a) Informant Mr. Clyde Ansley

(b) Address 6919a Bruno Ave.

17. (a) Burial (b) Date thereof 2-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 20 1945 (Date received local for burial) J. F. Bredek (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 6919a Bruno Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month February day 17th.  
year 1945 hour 3:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from December 1,  
1944, 19 \_\_\_\_\_, to February 17, 1945,  
that I last saw her alive on February 10, 1945, 19 \_\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis,

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

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

Other conditions Coronary thrombosis, 30 min.  
(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 0

23. Signature [Signature] (M. D. or other) M. D.  
Address 320 Metropolitan Bldg. Date dictated 2/19/45

Mr. O.C. Campbell - 9-10

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

*Rex C. Campbell*

Licensed Embalmer No.

*3881*

P. O. Address

*Dr. L. L. ... 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.