

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED MAY 14 1945
Registration District No. 377

Primary Registration District No. 6076

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:
Mother of good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA SCHOTTEL

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Mathias

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased December 4, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>27</u>	hr. min.

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

10. Usual occupation At. Home

MOTHER FATHER

11. Industry or business Bernard Hafertepe

12. Name Bernard Hafertepe

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

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant John G. Schottel

(b) Address 4240 Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-45
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) APR 5 1945 (Date received local registrar)

C. H. McHarrison (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

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

(d) Street No. 4620 Pennsylvania
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day First
year 1945 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from October-19th 1941
March 19, 1945 to 19.45 1941

that I last saw her alive on March 29th-1945 19____
and that death occurred on the date and hour stated above.

Immediate cause of death:

Chr- Int-Nephritis

Chr- Hypertension

Chr- Arterio-sclerosis

Due to Sec; Cerebral Apoplexy

Due to Bi-lateral 4-Yrs.

Several strokes

Other conditions Uremia and Uremic Coma 2-Wks
(Include pregnancy within 3 months of death)

Died in the Home of the

Major findings: incurables.

Of operations _____

Of autopsy No 131P

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)

(c) Means of injury _____

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

Address 3718 Jennings Date signed _____

MAY 16 1945

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

Richard J. Krupar

Licensed Embalmer No.

3497

P. O. Address

1915 Sidney St.

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.