

FILED AUG 11 1945 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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:
1414 North Park Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) MO. (b) County.....
(c) City or town St. Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 N 14 Th str
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA DECK

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 Michael Deck 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 11 th 1873
(Month) (Day) (Year)

8. AGE: 71 Years Months Days If less than one day
11 20 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name David Westerheide

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

14. Maiden name Mary Brockreiden

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

16. (a) Informant Michael Deck

(b) Address 1414 North Park Place 1945

17. (a) Burial (b) Date thereof Aug 6 Th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) AUG 4 1945 J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 3 1945 to Aug 2 1945 that I last saw her alive on Aug 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1-3-45

Due to Chronic Nephritis 1-3-45

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 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) Means of injury.....

23. Signature Wm. D. Dims M.D. or other

Address 3802 N. Grand St State signed 8-3-45

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

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 E. Campbell
Licensed Embalmer No. 03887
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.