

**FILED** JUL 28 1945  
 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1005** Registrar's No. **6213**

**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:  
3436 Meramec St.,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ / \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna M. English,  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female! 5. Color or race White,  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Frederick E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 17, 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	4	29	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 \_\_\_\_\_  
 12. Name William Schmits  
 13. Birthplace Germany, 4  
(State or foreign country)  
 14. Maiden name Helena Meier,  
(City, town, or county) (State or foreign country)  
 15. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Lesmeister,  
 (b) Address 3436 Meramec St.,  
 17. (a) Burial, (b) Date thereof 7/19/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation SS. Peter & Paul Cem. Gebken-Benz Mortuary  
 18. (a) Signature of funeral director [Signature]  
 (b) Address 2842 Meramec St.  
 19. (a) JUL 18 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri, (b) County \_\_\_\_\_  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3436 Meramec St.,  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 16th  
 year 1945 hour 5:00 minute P. M.  
 21. I hereby certify that I attended the deceased from 1941 - Aug.  
July 13 - 1945  
 that I last saw her alive on July 13, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Chronic Myocarditis  
Senility.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 93  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
**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) (a) Means of injury \_\_\_\_\_  
 23. Signature Geo. H. Mathias (M. D. or other) \_\_\_\_\_  
 Address 3167 S. Grand Blvd. Date signed 7/17/45

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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.**