

STANDARD CERTIFICATE OF DEATH

State File No. 22325
Registrar's No. 6799

FILED AUG 11 1945
318

Primary Registration District No. 2003

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:
5054 Geraldine Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5054 Geraldine Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ANNA L. MOERT,

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1945 hour 10 minute AM M.

4. Sex Female 5. Color or race White

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

7. Birth date of deceased Oct. 22, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 27
1945 to July 31 1945
that I last saw her alive on July 31 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 9 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death: Valvular heart disease
Duration Don't know

Due to _____

Due to _____

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

Other conditions: Gastric indigestion
(Include pregnancy within _____ months of death)

10. Usual occupation At Home

Major findings: gastric indigestion
Of operations _____
Of autopsy _____

PHYSICIAN Don't know
Underline the cause to which death should be charged statistically.

11. Industry or business Housewife

MOTHER FATHER { 12. Name Frank Loser

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

14. Maiden name Katherine Myers

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

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? _____

16. (a) Informant Frank X. Moert

(b) Address 5054 Geraldine Avenue

17. (a) Burial (b) Date thereof 8/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature R. W. Menown (M. D. or other) MD
Address 5350 Geraldine Date signed 8/1/45
(Specify type of place) (e) Means of injury _____

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

(b) Address 2161 East Fair Avenue

19. (a) AUG 2 1945 (b) J. J. Medlock
(Date received local registrar) (Registrar's signature)

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

10
17
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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 William G. Buchholz
Licensed Embalmer No. 2110
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.