

Registration District No. _____ Primary Registration District 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:
2209 North Market 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)

In this community 70 yrs. 8. mos. 9 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County 100

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

(d) Street No. 2209 North Market St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lillian Anson

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 married

6. (b) Name of husband or wife Charles Anson

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

7. Birth date of deceased Dec. 27, 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6,
year 1945 hour 1 minute P M.

21. I hereby certify that I attended the deceased from June 23rd, 1945, to Sept 6, 1945
that I last saw her alive on Sept 6, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70	8	9	hr. min.
----	---	---	----------

9. Birthplace St. Louis Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Pinkert

13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Anson

(b) Address 2209 North Market St

17. (a) burial (b) Date thereof 9-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) SEP 8 1945 (b) _____
(Date received local report) (Registrar's signature)

Immediate cause of death Cardiac Paralysis Sudden

Due to Chronic Myocarditis Indefinite

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Harry D. Meyer (M. D., prother)

Address 1903 Delmar Date signed 9/13/45

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 *Marie A. Cashion*

Licensed Embalmer No. *3949*

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.