S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1945

State File No. 25834

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7111

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:
3810 Delmar Blvd. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 19

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3810 Delmar Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Kellermann

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank Kellermann

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

7. Birth date of deceased July (Month) 26 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	15	hr. min.

9. Birthplace Unknown (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Zachel
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Himmlerstoch
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Ray Kellermann
(b) Address 6009a Suburban Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1945 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from 1929, 19, to Aug. 10th, 1945
that I last saw her alive on Aug. 10th, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	13 days
Due to Hypertension	18 yrs
Due Right Nephrectomy in 1929	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edwin J. Imbert (M. D. or other) MD
Address 3635 Mr. Hunting Date signed 8/11/45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Kappe

Licensed Embalmer No. 2971

P. O. Address .....

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.