

V. S. No. 2
FORM 5-43
REV. 5-1-39
I X36671

Registration District No. 1945 318

Primary Registration District No. 1003

500
17
9

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

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:
ST. JOHNS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK. 1 DAY
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 069

(c) City or town ST. LOUIS 17 00
(If outside city or town limits, write "RURAL")

(d) Street No. 2721 DODIER 9
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ANNA M. PAPE

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 MARRIED

6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased SEPT 14 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 24
year 1945 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 14, 1945, to Aug 24, 1945, that I last saw her alive on Aug 24, 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>10</u>	hr. min.

Immediate cause of death Carcinoma Recto sigmoid

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 46

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name AUGUST SUNDER

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

14. Maiden name AMELIE BECKMAN

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

16. (a) Informant WILLIAM PAPE

(b) Address 2721 DODIER AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-28-1945
(Month) (Day) (Year)

(c) Place: burial or cremation CALVERY CEM.

18. (a) Signature of funeral director MEEK & DICKMAN FUNERAL

(b) Address HOME 4355 WASHINGTON AV.

19. (a) 27 1945 (Date received from Registrar) J. F. Bredeek (Registrar's signature)

Major findings: Carcinoma Recto sigmoid

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 H. H. Hidenman (M. D. or other) MA

Address 4176 1/2 Pharr Date signed 8/25/45

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 _____

Licensed Embalmer No. 2917

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.