

S. No. 2  
M-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_

**FILED SEP 11 1945**

Registration District No. 260

Primary Registration District No. 4392

Registrar's No. 12

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

**1. PLACE OF DEATH:**  
 (a) County Osage  
 (b) City or town Freeburg  
 (c) Name of hospital or institution: At Home  
 (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 60 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Anna Castrop  
 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 Husband 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased April 2nd, 1885  
 (Month) (Day) (Year)

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>60</u> | <u>4</u> | <u>19</u> | hr. _____ min. _____ |

9. Birthplace Koeltztown, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name Fritz Falter  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Clara Stratmahn  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm F. Castrop

(b) Address Freeburg, Mo.

17. (a) Burial (b) Date thereof 8/25th/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg, Mo.

18. (a) Signature of funeral director Clyde Morton  
 (b) Address Box 144, Linn, Mo.

19. (a) Aug 27, 1945 (b) Mrs. H. H. Moore  
 (Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 21st,  
 year 1945 hour 3: minute 30 p. M.  
 21. I hereby certify that I attended the deceased from September 19, 1943 to August 21, 1945  
 that I last saw her alive on August 21, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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) (e) Means of injury \_\_\_\_\_  
 23. Signature S. C. Howard (M. D. or other) D.  
 Address Vienna, Missouri Date signed 8/24/45

1401

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 9-8-45

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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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**