

FILED NOV 2 1945
318

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9130**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2254 Indiana Av. 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

3. (a) PRINT FULL NAME Anna W. Wissmann
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 widowed
6. (b) Name of husband or wife August L. Wissmann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 22 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Henry Gerlach 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Clara Ulrich
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wissmann

(b) Address 2254 Indiana Av.

17. (a) Burial (b) Date thereof 10-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Witty Bros. & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) OGT 23 1945 J. J. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad.
(c) City or town St. Louis 2717
(If outside city or town limits, write "RURAL")
(d) Street No. 2254 Indiana Av. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1945, hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 5 1945 to October 21 1945
that I last saw her alive on October 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4 yrs
131

Due to _____
Due to _____

Other conditions Chronic Intestinal
(Include pregnancy within 3 months of death)
Nephritis - 2 yrs

Major findings: _____
Of operations _____

Of autopsy _____
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 J. P. Keim M.D. (M. D. or other)
Address 2730 McNAIR AVE Date signed 10-22

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

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17
9

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07

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 Juan Prohoff
Licensed Embalmer No. 4356
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.