

FILED JAN 11 1946
318
Register's Office No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County **4161 Hartford**
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution: **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 **Annie Saum**
FULL NAME
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 **Paul** / 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 23 1877**
(Month) (Day) (Year)

8. AGE: Years **68** / Months **3** / Days **7** / If less than one day hr. _____ min. _____

9. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {
12. Name **Thomas Ridings**
13. Birthplace **England**
14. Maiden name **Unknown**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Larry Kunkler**
(b) Address **4960 Itaska**

17. (a) **Burial** (b) Date thereof **Jan. 2 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old S. S. P.P. Cem.**

18. (a) Signature of funeral director **J. Brudick**
(b) Address **2906 Gravois**

19. (a) **JAN 1 1946** (b) **J. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4161 Hartford**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December 30**
year **1945** hour **4** minute **15**
21. I hereby certify that I attended the deceased from **December 28**
19 **45** to **December 30**, 19 **45**
that I last saw h. **er** alive on **December 28**, 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Organic heart failure due to chronic pericarditis** Duration **2 years**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature **Chas. H. Newberg** (M. D. or other) **Chas.**
Address **3232 Lafayette** Date signed **Jan 31 1946**

(Licensed Embalmer's Statement on Reverse Side)
3 To 4 p.m. 3232 Lafayette Chas. Humberg 1946

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *David Lee Fossan*

Licensed Embalmer No. *4242*

P. O. Address: *2906 Graves*

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.