

FILED JAN 21 1946
318

State File No.

1003

330

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(c) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1623 HOGAN STR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) 65 YRS.

3. (a) PRINT FULL NAME MICHAEL J. ANNIS.

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY ANNIS 6. (c) Age of husband or wife if all deceased DECEASED

7. Birth date of deceased (Month) JAN. (Day) 2ND (Year) 1871

8. AGE: Years 75 Months = Days 7 If less than one day - hr. - min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation RETIRED BROOM MAKER.

11. Industry or business UNKNOWN

12. Name UNKNOWN

13. Birthplace GERMANY (City, town, or county) 7 (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Leage

(b) Address 1623 Hogan St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 12.-46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. Brookland and Co

(a) Signature of funeral director 1827 Hogan St.

(b) Address 1827 Hogan St.

19. (a) JAN 11 1946 (b) J. Fordech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 00-3
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 10/7
(d) Street No. 1623 HOGAN STR. (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No?)
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month JAN. day 9TH year 1946 hour 10⁰⁰ minute P. M.

21. I hereby certify that I attended the deceased from Aug 1945 to JAN 9 1946 that I last saw him alive on JAN 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic Endocarditis

Due to Emphysema of Lung

Due to apoplexy

Other conditions (include pregnancy within 3 months of death) 9/2

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. J. Nawrocki (M. D. or other)

Address 1901 Madison St Date signed 1-10-46

WRITE PLAINLY—USE UNFADING 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. W. Wilkin*

Licensed Embalmer No..... *2575*

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.