

FILED JAN 21 1946

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

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **418**

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:  
3986 Walsh St.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 3986 Walsh St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Koob

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 widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 21 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th  
year 1946 hour 1 minute 15A. M.

21. I hereby certify that I attended the deceased from Dec 31, 1945 to Jan 4, 1946  
that I last saw h. er alive on Jan 3, 1946  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>71</u> | <u>11</u> | <u>13</u> | _____ hr. _____ min. |

Immediate cause of death Influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation At Home

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

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

11. Industry or business \_\_\_\_\_

12. Name Don't Know

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mary Steck  
(b) Address 3986 Walsh St.

17. (a) Burial (b) Date thereof 1/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Gebken-Benz Mort.  
(b) Address 2842 Meramec St.

19. (a) JAN 6 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature W. J. Seligburg (M. D. \_\_\_\_\_)  
Address 7924 So. Grand Ave Date signed 1-4-46

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

MOTHER FATHER

Duration \_\_\_\_\_ days.

\_\_\_\_\_ years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Laron C. Percy  
Licensed Embalmer No. 4094  
2842 Meramec St.  
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.**