

FILED JAN 21 1946
BUREAU OF THE CENSUS
Registration District No. 318
Primary Registration District No. 1003
State File No. 552
Registrar's No. 298

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Christain Hosp. 0
(d) Length of stay: In hospital or institution 7 Days
In this community 7 Days

3. (a) PRINT FULL NAME Anna Kung
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Kung
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased March 5 1872

8. AGE: Years 73 Months 10 Days 3
If less than one day hr. min.

9. Birthplace St. Louis Co. Mo. House Wife

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Casper Wehmeier
13. Birthplace Germany
14. Maiden name Henrietta Loker
15. Birthplace Germany

16. (a) Informant Mrs. William Hemminghaus
(b) Address 1417 Desterham St.

17. (a) Burial New Bethelhem Cem.
(b) Date thereof Jan. 11 1946
(c) Place: burial or cremation

18. (a) Signature of funeral director Arthur Diederich
(b) Address 8319 Halls Ferry Rd.

19. (a) JAN 10 1946
(b) Signature of Registrar

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Columbia Bottoms Mo.
(d) Street No. Baden Station R. 3
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8
year 1946 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 31, 1945 to Jan 8, 1946
that I last saw her alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death: Post-mortem embolism, Degenerative heart disease, Congestive heart failure
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN

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?
(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 Julius Elean (M. D. or other)
Address 634 E. Grand Date signed 10 Jan 46

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

2751

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 Elmo R. Padwell
Licensed Embalmer No. 4077
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.