

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

751

FILED FEB 7 1946

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **910**

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:
1026 Veronica Ave /
(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)

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. 1026 Veronica Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Ostermayer
3. (b) If veteran, name war. None
3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced. Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 20 Oct 45 years
7. Birth date of deceased April 24, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER
12. Name Henry Wolf
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Johanning
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Schnatzmeyer

(b) Address 1026 Veronica Ave

17. (a) Burial (b) Date thereof 1/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 28 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 2:45 P.M. minute M.

21. I hereby certify that I attended the deceased from 20 Oct 45 to Jan 26 1946
that I last saw her alive on Jan 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Inunction Duration 6 mo.

Due to Intestinal Obstruction -
bleeding fibrinits and adhesions
Due to No malignancy

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings:
Of operations 56
Of autopsy [Signature]
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 [Signature] (M. D. or other)

Address 8201 N. Broadway Date signed 1/28/46

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

Signed William J. Buchholz
Licensed Embalmer No. 2110
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.