

FILED FEB 18 1946

Registration District No. **3718** Primary Registration District No. **3068**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3205 Edgar Ave.
(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 Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3205 Edgar Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna Barbara Owsley

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 George 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 12 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>29</u>	hr. min.

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

10. Usual occupation Invalid Housewife

11. Industry or business.....
12. Name Anton Holub

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

14. Maiden name Anna B. ?

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

16. (a) Informant Marjorie Straubinger
(b) Address 3205 Edgar Ave.

17. (a) cremation (b) Date thereof Feb. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) 2-33-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1946 hour 9 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 2 1944 to Feb 11 1946
that I last saw her alive on Feb 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Post hypothyroid syndrome
atherosclerosis
Due to: Anterior hypoparathyroidism
Duration
12 years
12 years
20 years

Due to 102

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

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 [Signature] (M. D. or other)
Address 508 N. Redwood Rd Date signed 2/14/46

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 3454

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

Signed David E. Gibson

Licensed Embalmer No. 9454

P. O. Address 7456 Mansfield

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 stated above.