

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**STANDARD CERTIFICATE OF DEATH**

7074

**FILED** MAR 2 1946  
3 17

State File No. 2

Registrar's No. 446

Registration District No. 3

Primary Registration District No. 6076

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town Manchester Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Manchester Nursing Home and Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Sept. 14, 1945  
(Specify whether  
In this community to February 20, 1946  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 020  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3558 CRITTENDEN ST 9  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE Bundschuh

3. (b) If veteran, name war NONE 3. (c) Social Security No. 499-01-6157

4. Sex FEMALE / 5. Color or race White  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife WIDOWED 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APRIL 17 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: ST. LOUIS, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED-SEAMSTRESS

11. Industry or business ALLIGATOR CO.

MOTHER FATHER { 12. Name BERNARD KRAMPE  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name ANNA JACOB  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS M. SHIELDS  
(b) Address 3558 CRITTENDEN ST

17. (a) BURIAL (b) Date thereof FEB 22, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OLD S.S. PETER + PAUL

18. (a) Signature of funeral director: WM J ROBERT & CO.  
(b) Address 1905 So. GRAND BLD

19. (a) 2-23-46 (b) E. M. Gannon M.D.  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 20  
year 1946 hour 11 minute 30 P M.  
21. I hereby certify that I attended the deceased from Feb 3  
1946 to Feb 20 1946  
that I last saw him alive on Feb 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Second Rt. cerebral hemorrhage sudden  
Due to Previous Rt. cerebral hemorrhage 6 mo.  
Hypertension years  
Due to Arteriosclerosis years  
Other conditions Chromocystitis 93A  
(Include pregnancy within 3 months of death)

Duration  
Underline the cause to which death should be charged statistically.

PHYSICIAN  
Major findings:  
Of operations:  
Of autopsy:

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 E. M. Gannon (M. D. or other) MD.  
Address Creve Coeur Mo Date signed 2-21-46

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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

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.**