V. S. No. 2
100M—5-43
Rev. 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

FILED APR 5 1946

State File No. 11300

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2838

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3812 LABADIE AV. / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution = (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 10/7
(d) Street No. 3812 LABADIE (If rural, give location) 9
(e) Citizen of foreign country? U.S BORN (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANNIE KASSING

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 PHILLIP
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased NOV. (Month) 16 (Day) 1859 (Year)

8. AGE: Years 86 Months 4 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business =

FATHER
12. Name EBMEYER
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name RECKER
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mr Arthur Kassing
(b) Address 3812 Labadie Ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 27 '46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM
18. (a) Signature of funeral director Benderwieden Funeral Home Inc.
(b) Address 1936 St. Louis Av.
19. (a) MAR 26 1946 (Date received local registrar) (b) J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 24th year 1946 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Mar 23, 1946 that I last saw her alive on Mar 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac dilation	2 day
Due to Chronic Myocarditis	2 yrs
Due to Chronic Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	none

Major findings: Of operations no operation
Of autopsy no 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) no
(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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Dr Wm T Hirschi (M. D. or other) M.D.
Address 3500 N Grand Date signed 3/25/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Felix O. Krispin.....

Licensed Embalmer No.....3497.....

P. O. Address.....1936 St Louis.....

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.