

FILED **APR 4 1946**

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3445 Itaska St.
(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.....
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3445 Itaska St.,**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna Fessner,

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 **Single,**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased **September 17, 1873.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 2 hr. min.

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

10. Usual occupation **At Home,**

11. Industry or business.....

12. Name **Joseph Fessner,**

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

14. Maiden name **Magdalena Ohlman,**

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

16. (a) Informant **Louis Fessner,**
(b) Address **3445 Itaska St.,**

17. (a) **Burial,** (b) Date thereof **4/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**

(b) Address **2842 Meramec St.**

19. (a) **APR 10 1946** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19th**
year **1946** hour **3:00** minute **A.** M.

21. I hereby certify that I attended the deceased from
4-18-1946 to **4-19-1946**
that I last saw her alive on **4-18-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Innocentia Acute 3 Wks
Due to **Myocarditis (Chronic)** 1 yr
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury.....

23. Signature **Geo W. Osman** (M. D. or other) **O**
Address **3532 Washington** Date signed **4/19/46**

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

10530

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.....me.....

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

Signed.....Loron E. Percy.....

Licensed Embalmer No.....4094.....

.....2842 Meramec St.,
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.