

FILED JUL 22 1946
 Registration District No. 918

Primary Registration District No. 1003

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

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:
3609 Oregon /
(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..... **3609 Oregon**
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Anna G. Tranel**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **9**
 year **1946** hour **11** minute **00** P. M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife..... **Frank H.**
 6. (c) Age of husband or wife if alive..... **76** years
 7. Birth date of deceased **March 24 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 13 1946** to **July 9 1946**
 that I last saw him alive on **July 3 1946**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	84	3	15	hr. min.

Immediate cause of death - **Cerebral thrombosis**
 Due to **Myocardial infarction**
 Due to **Arteriosclerosis**

9. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Home**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

11. Industry or business
 12. Name **Unknown Leviton**
 13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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?
(Specify type of place)
 While at work?.....
(e) Means of injury

16. (a) Informant **Frank H. Tranel**
 (b) Address **3609 Oregon**
 17. (a) **Burial** (b) Date thereof **7/13/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Calvary Cemetery**
 18. (a) Signature of funeral director..... **Wacker Wilder**
 (b) Address **3634 Gravois Ave.**
 19. (a) **JUL 11 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Anna G. Tranel** (M. D. or other)
 Address **3609 Oregon** Date signed **July 11 1946**

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..... *Francis J. Hyland*.....
Licensed Embalmer No..... *2645*.....
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.