

NO. 2
-12-45
-5-17-39
I X47070

FILED AUG 27 1946
318

1003

7093

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 828 E. DESOTO AVE!
(d) Length of stay: In hospital or institution LIFE
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town St. Louis
(d) Street No. 828 E. DESOTO
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ANTHONY MARGENAU

3. (b) If veteran, name war = 3. (c) Social Security No. 488-01-4228

4. Sex MALE 5. Color or race W
6. (b) Name of husband or wife ANNA SECKEL
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN. 9 1878

8. AGE: Years 68 Months 7 Days 6
If less than one day hr. min.

9. Birthplace ST. LOUIS Mo

10. Usual occupation ASST. BUYER BEDDING DEPT.

11. Industry or business FAMOUS-BARR Co.

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace "
14. Maiden name MACARIAN
15. Birthplace UNKNOWN Va

16. (a) Informant Leo N. Margenau
(b) Address 446 S. Calhoun Ave
17. (a) BURIAL (b) Date thereof 8-17-46
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director J. F. Bradeck
(b) Address 1936 St. Louis Ave
19. (a) AUG 15 1946 (Date received local registrar)
J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 14
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from AUG 1 - 1946 to AUG 14 1946
that I last saw him alive on Aug 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDIIS
Due to CHR. VASCULAR HEART DISEASE (MURMUR)
Duration 4 yr
Due to VA 4 yr

Other conditions (include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None
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? _____
(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 None
23. Signature J. F. Bradeck (M. D. or other) _____
Address 1936 St. Louis Ave Date signed 8/15/46

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 Karl Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis Ave

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.