No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6512
1489

Registration District No. _____ Primary Registration District No. _____ 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: Mo. Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")
(d) Street No. 4841 Bessie Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Anna E. Kage
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 Widow
6. (b) Name of husband or wife Late John F. Kage
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May (Month) 28 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	14	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Ernest Krehmeyer (Father)
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Stella Robing
(b) Address 4841 Bessie Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) FEB 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1947 hour 5. minute 20 A. M.
21. I hereby certify that I attended the deceased from Jan. 29th, 1947, to Feb 12th, 1947, that I last saw her alive on Feb 11. 1947, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Entire right stomach
Due to Marsilla Appendicitis
Primary in Antrum of Stomach
Due to (Adenocarcinoma)
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of stomach Marsilla.
Of autopsy None

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) _____
(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 0

23. Signature J. C. Kandrea (M. D.)
Address 4374 Lucy Club Blvd St. Louis Mo Date signed Feb 12 1947

(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 John A. McLinnan

Licensed Embalmer No. 4186

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.