

No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7492
Registrar's No. 333

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(c) County St. Louis
(b) City or town Pine Lawn
(c) Name of hospital or institution:
24 Blakemore Pl.
(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 St. Louis 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 24 Blakemore Pl. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Pauline Wilferth
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Wilferth
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 13
year 1947 hour 1 minute 0 M.
21. I hereby certify that I attended the deceased from 2/9/47 1947 to 2/13/47 1947
that I last saw her alive on 2/13/47 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 5 15 hr. _____ min.

Immediate cause of death:
Ch. Myocarditis
Ch. Pulmonary Arterio
Sepsis
Due to _____
Due to _____ 930

9. Birthplace: Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Karl Karger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. H. Telleon
(b) Address 4432 Middaugh Ave., Downer Grove, Ill.

17. (a) Burial (b) Date thereof 2-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutesville, Mo.

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? _____

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
(c) Date received local registrar 2-15-47
(Data received local registrar) (b) Albert H. Hoppe, M.D.
(Registrar's signature) bc

23. Signature A. H. Hoppe (M. D. or other) med
Address 5899 Belmont Date signed 2/14/47

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.....

Ernest W. Spillars

Licensed Embalmer No.....

4080

P. O. Address.....

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.