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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11020**

FILED APR 14 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3472**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 60 Years

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. 4133 West Lee Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA J. HUNING
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 Married
6. (b) Name of husband or wife Charles J.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept. 11 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 18
If less than one day hr. min.

9. Birthplace Ind.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Frederick Delger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Gruenholz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara J. Huning
(b) Address 4133 West Lee Ave.
17. (a) Burial (b) Date thereof Apr. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns

18. (a) Signature of funeral director J. F. Bredek
(b) Address 3911 Lee Ave.
19. (a) APR 2 1947 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 29
year 1947 hour 10 minute 35 p.m.
21. I hereby certify that I attended the deceased from 12/10 to 3/29, 1947
that I last saw her alive on 3/29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditic
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

4 mos.

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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?
While at work..... (Specify type of place) Means of injury.....
23. Signature Charles M. Hartz (M. D. or other)
Address 3911 Lee Ave. Date signed 3/21/47

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.....

Neal Le 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.