

FILED APR 8 1947
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Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4628 Tennessee /
(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)

3. (a) PRINT FULL NAME Anna Klund

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married divorced Widow 2

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct 27 1874
(Month) (Day) (Year)

8. AGE: Years Months 27 If less than one day
72 4 25 hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 6

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Charles Fath

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Salm

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant George Klund

(b) Address 4628 Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Und Co.

(b) Address MAR 26 1947 3055 Meramec st.

19. (a) MAR 26 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4623 Tennessee (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1947 hour I minute 15 P. M.

21. I hereby certify that I attended the deceased from 8-23-47 to 3-23-47
that I last saw her alive on 3-23-47 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Occlusion
Sudden

Due to.....

Due to.....

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

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

23. Signature J. F. Brebeck (Date received local registrar) 3/29/47 (Date signed)

Address 4065 50th St

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 Francis Williamson

Licensed Embalmer No. 3565

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.