

FILED JUN 5 1947
Registration District No. 318

Primary Registration District No. 1003

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.....
3829a Wyoming Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street..... **16 3829a Wyoming Street**
(If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Anna Reich**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **none**

4. Sex..... **female**
 5. Color or race..... **white**
 6. (a) Single, widowed, married, divorced..... **widowed**
 6. (b) Name of husband or wife..... **Charles A.**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **October 2nd, 1855**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	7	19hr.min.

9. Birthplace..... **Bern Switzerland**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **home**

11. Industry or business.....
 12. Name..... **Unknown**
 13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Erna McElhinny**
 (b) Address..... **3829a Wyoming, St. Louis, Mo.**

17. (a) **burial**
(Burial, cremation, or removal) (b) Date thereof..... **May 24, 1947**
(Month) (Day) (Year)
 (c) Place: burial or cremation..... **New St. Marcus Cemetery**

18. (a) Signature of funeral director..... **Hacker - Felder H & Co.**
 (b) Address..... **3634 Gravois, St. Louis, Mo.**

19. (a) **MAY 23 1947**
(Date received local registrar) (b) **J. Brebeck**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **21st**
 year..... **1947** hour..... **9** minute..... **20 P. M.**

21. I hereby certify that I attended the deceased from.....
12/6 1943 to 5/20 1947
 that I last saw h..... alive on..... **5/20 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arterio-sclerosis
Chr. interstitial nephritis

Due to.....
 Due to..... **12/1**

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of 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.....

23. Signature..... **J. G. Moskop, M.D.** (M. D. or other)
 Address..... **3554 VICTOR ST.** Date signed..... **5/22/47**

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

MOTHER FATHER

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.....

Frank J. Paul

Licensed Embalmer No.....

2645

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.