

S. No. 2
DM-5-43
v. 5-17-39
I. X36671

FILED JUL 26 1947
318

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8833

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

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:
1037 Tillie Ave. /
(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

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

(d) Street No. 1037 Tillie Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Sophia Feldhaus

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 27 to July 18, 1947
that I last saw her alive on July 18, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased September 12 1874
(Month) (Day) (Year)

Immediate cause of death Cas of bronchi pneumonia

Direct cause of death Arterio-renal vascular disease

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>6</u>	_____ hr. _____ min.

Other conditions obstruction of bronchi
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown Foshage

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

14. Maiden name Elizabeth Merckmann

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

16. (a) Informant Mrs. Catherine Barton

(b) Address 8311 Newby

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 7/22/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 3710 N. Grand Blvd

19. (a) JUL 21 1947 (Date received local registrar)

J. F. Bredion (Registrar's signature)

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)

(e) Means of injury _____

23. Signature W P Hamilton (M. D. or other) md

Address 836 3 Falls Ferry Date signed 7-21-47

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 Albert Mayfield

Licensed Embalmer No. 3077

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.