V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26110
Registrar's No. 6617

FILED JUL 21 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: 5864A Wabada Ave.,
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Oxo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5864A Wabada Ave., 9
(If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Stroer,
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 Widowed
6. (b) Name of husband or wife Bernard John Stroer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 23, 1869. (Month) (Day) (Year)
8. AGE: Years 77 Months 7 Days 21 If less than one day hr. min.
9. Birthplace Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Bernard Forsting
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Joseph H. Stroer
(b) Address 5864A Wabada Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/47. (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JUL 14 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from May 23, 1947 to July 13, 1947 that I last saw her alive on July 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Carcinomatosis — Duration
Due to Hypertension — Duration
Other conditions (Include pregnancy within 3 months of death) — Duration
Major findings: Of operations
Of autopsy no

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

23. Signature W. H. Nash (M. D. or other)
Address 8078 Enright Blvd. Date signed 7-14-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.H.White
2807 No. Kingshighway

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 Henry Brammer

Licensed Embalmer No. 4200

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.