No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29575

Registrar's No. 7461

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 205 a Russell 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 Missouri (b) County 095

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 205 a Russell Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna Szimmitat

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 widowed

6. (b) Name of husband or wife Julius

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

7. Birth date of deceased February 28th, 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	8	hr. min.

9. Birthplace Mascoutah (City, town, or county) Illinois (State or foreign country)

10. Usual occupation home

11. Industry or business

MOTHER FATHER

12. Name John Knauth

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

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

16. (a) Informant Mayme Schirmer

(b) Address 2633a Indiana, St. Louis, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Heldele

(b) Address 3634 Bravois, St. Louis, Mo.

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic hypertrophic endocarditis with calcification formation

Due to

Due to 9 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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 3

23. Signature Thos L. Calderwood Coroner (M. D. or other)

Address 1300 Clark Date signed 8-7-47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert C Wheeler

Licensed Embalmer No.....2178

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.