V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36234

Registrar's No. 9669

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: 1325 St. Louis, Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 26 1325 St. Louis, Ave 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Anna Schneider

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased May (Month) 4 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	13	hr. min.

9. Birthplace Belleville (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Martin Wittmann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Katherine Weiss
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Swanson
(b) Address 1325 St. Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20 1947 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jeff. Bar.

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.
(b) Address 1936 St. Louis Ave.

19. (a) OCT 18 1947 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1947 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-15-47, 19..., to 10-17- 19 47
that I last saw her alive on 10-15- 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	1 week
Due to Arteriosclerotic heart disease	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1
Of autopsy 1

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature H. H. Feller (M. D. or other) MD
Address 2807 N. Grand Date signed 10-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold Feller
2807 N. Grand Blvd
11;00 O'Clock 10/18 sure

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 Glen W Hab

Licensed Embalmer No. O 3737

P. O. Address 1936 St. Louis Co

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.