No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36310

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9502

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

1. PLACE OF DEATH:
(a) County
(b) City or town City St. Louis MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infy. Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 11/15/45 to 10/11/47 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town City. (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anne Stroup.
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 Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 17 (Day) 1897 (Year)

8. AGE: Years 49 Months 11 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife.
11. Industry or business
FATHER
12. Name Gus Walker
13. Birthplace St Louis (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amalia ~~Millie~~ Schubert
15. Birthplace ~~Unknown~~ St Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant City Infy. Records.
(b) Address 5 800 Arsenal ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Pauls Churchyard
18. (a) Signature of funeral director Rowland Service
(b) Address 4355 Washington
19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1947 hour 3 minute 00A.m M.
21. I hereby certify that I attended the deceased from 11 15, 1945 to 10-11, 1947 that I last saw her alive on 10-11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death inanition
Not starvation
Due to primary familial familial muscular dystrophy
Due to decubiti
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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
23. Signature Warren C. Lewis M.D. (M. D. or other)
Address 5600 Arsenal Date signed 10-14-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

9502

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 Ronald O Yahnke

Licensed Embalmer No. 3817

P. O. Address St Louis

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.