

FILED JAN 9 1948

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:
5504 Finkman Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community..... 80 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... ooc

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

(d) Street No. 5504 Finkman Avenue
2 (If rural, give location) 9

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Anna M. Gray

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th,
year 1947 hour 1 minute 05 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Lee J. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 12, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10, 1947 to Dec 30, 1947
that I last saw him alive on Dec 27, 1947
and that death occurred on the date and hour stated above.

Duration

8. AGE: Years Months Days If less than one day

80 11 18 hr. min.

Immediate cause of death senility

Due to.....

Due to..... 162

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Michael Roeder

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

14. Maiden name Anna Mary Steffen

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Bernard H. Schloemer, Jr.
(b) Address 5504 Finkman Avenue

17. (a) Burial (b) Date thereof Jan. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 2 1948 (b) J. F. Bussack
(Date received local registrar's certificate) (Registrar's signature)

23. Signature Dr. J. J. Trelkoff (M. D. or other means of injury) 2
Address 1800 A Lafayette Date signed 12/31/47

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

MOTHER FATHER

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..... *John W. Hatz*

Licensed Embalmer No..... *3737*

P. O. Address..... *1936 W. Lewis Ave*

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.