

FILED JAN 30 1948

Registration District No. 215

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 2219

Registrar's No. 546

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..... **Alexian Brothers**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis** 96
(c) City or town..... **Gardenville** 0
(If outside city or town limits, write "RURAL")
(d) Street..... **N.R. 4642 Heidelberg** 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Frank Anvender**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No.

4. Sex..... **male** 5. Color or race..... **white**
6. (a) Single, widowed, married, divorced..... **married**

6. (b) Name of husband or wife..... **Lavern Anvender**
6. (c) Age of husband or wife if alive..... **20** years

7. Birth date of deceased..... **January 22 1926**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 21 | 11 | 25 | hr. min. |

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

10. Usual occupation..... **Shop**

11. Industry or business..... **A & P Barkey Co.**

12. Name..... **Steven Anvender**

13. Birthplace..... **Hungary 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Katherine Mueller**

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

16. (a) Informant..... **Lavern Anvender**

(b) Address..... **4642 Heidelberg**

17. (a) **burial** (b) Date thereof: **1-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mount Olive cem**

18. (a) Signature of funeral director..... **Fendler Und Co.**

(b) Address..... **7420 Michigan Ave.**

19. (a) **JAN 19 1948** (b) **J. J. Breen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan** day..... **19th**
year..... **1948** hour..... **2:07** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **Jan 15 1948** to..... **Jan 17 1948**
that I last saw him alive on..... **Jan 16 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Rheumatic heart disease with**
Due to..... **decompensation** 1 mo

Other conditions..... **Liver Congestion**
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **9/5**
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?.....
While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature..... **D. D. Michael** (M. D. or other) **M.D.**
Address..... **822 Olive** Date signed..... **1/19/48**

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

MOTHER FATHER

nil

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..... *VE Morris*

..... Licensed Embalmer No. *3360*

..... P. O. Address.....

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.