S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2314

FILED FEB 13 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 1063

Registrar's No.

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

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: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ood

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

(d) Street No. 5405 Gresham 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 Breitenwischer

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 Frederick

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

7. Birth date of deceased October 22nd, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	9	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Anton Ott 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Epstein 1
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Breitenwischer
(b) Address 5409 Gresham

17. (a) Burial (b) Date thereof 2/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.,

19. (a) FEB 2 1948 (b) J. F. Brincke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1948 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 1-47, 19 to Jan 30, 1948
that I last saw her alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch cardio-Renal disease	6 mo
Due to: Ch arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131

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 0

23. Signature W H Walters M.D. (M. D. or other)
Address 3608 S Grand Date signed Jan 31 48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.