

FILED FEB 13 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Anna M. Conzelman

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Fred Conzelman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 8, 1866  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 22 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Carl Kern

12. Name Carl Kern

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

14. Maiden name Anna Conzelman

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

16. (a) Informant Edward Conzelman

(b) Address Belleville, Ill.

17. (a) removal (b) Date thereof 1/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Det. Galdun

(b) Address Belleville, Ill.

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

2. USUAL RESIDENCE OF DECEASED:

Illinois (a) State St. Clair (b) County  
(c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2604 East Main  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-17-48  
to Jan 30 1948  
that I last saw her alive on Jan 29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia Duration 3 days  
Due to Hypertensive Cardiovascular many year  
renal disease  
with right hemiplegia

Other conditions: Ch. Arthritis - Mixed type many year

Major findings: Basal cell carcinoma of nose  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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 \_\_\_\_\_  
Signature Edward Conzelman (M. D. or other) M.D.  
Address 3723 S. Kingshighway Blvd. Date signed 1-30-48

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

MOTHER FATHER

1035

---

---

**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.

Body not embalmed.

Signed *John Gaudin*

Licensed Embalmer No.....

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.**