S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6265
Registrar's No. 1434

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: Mo. Pac. Hospital
(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 Mo. (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4323 Bates St. 7
(If rural, give location)
2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Marie Deister
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles J.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec. (Month) 27 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	65	1	14	hr. min.

9. Birthplace Belleville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Frank Huss
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Clarence Deister
(b) Address 4132 Tyrolean Ave.
17. (a) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem. Belleville
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) FEB 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1948 hour 5 minute 37 A.M.
21. I hereby certify that I attended the deceased from Jan 25, 1948, to Feb 11, 1948; that I last saw her alive on Feb 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid with generalized abdominal metastases
Due to Lower
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Same as above
Of autopsy

Duration: mos-yrs.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Vincent G. Eesel M.D. (M.D. or other)
Address Mo Pac Hosp. Date signed 11 Feb 48

(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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 So Kingshighway

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.