

No. 300  
M-10-47  
7-5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

114154

State File No. \_\_\_\_\_

FILED MAY 1 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4107

WRITE PLAINLY—USE 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:  
1934a Wright Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 82 years  
years, months or days

3. (a) PRINT FULL NAME MRS. ANNA T. HAMBECKER

3. (b) If veteran, name war None 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 John Hambecker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: May 11, 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frederick Wiedemeier

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Schiffmann

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Hensiek

(b) Address 1934a Wright St.

17. (a) Burial (b) Date thereof 5-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters & Pauls

18. (a) Signature of funeral director W. A. Stock

(b) Address 2117 E. Grand Blvd.

19. (a) APR 30 1948 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-3-3  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1-7  
(d) Street No. 1934a Wright St. (If rural, give location) 7  
(e) Citizen of foreign country? No (Yes or No) 7  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th  
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to Apr. 28, 1948.  
that I last saw her alive on Apr. 28 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial - hypertension Duration 4 1/2 yrs

Due to Senility

Due to 102

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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 \_\_\_\_\_

23. Signature Thos. M. Davis (M. D. or other) M. D.  
Address 2422 N. Grand Date signed 4/29/48

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**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.....

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**