No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14996

FILED APR 30 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1006

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural (Baden)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9753 Lilac Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9753 Lilac Drive 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Anna Kaestner

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

7. Birth date of deceased May (Month) 2 (Day) 1875 (Year)

8. AGE: Years 75 Months 11 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Renault (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Arent Schmidt
13. Birthplace Don't know (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Eva Heller
15. Birthplace Don't know (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Carl Mosbacher
(b) Address Waterloo, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Renault, Ill.

18. (a) Signature of funeral director Aug M Hagner
(b) Address Waterloo, Ill.

19. (a) 4-20-48 (Date received local registrar) (b) Cecil A Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 2 PM. minute ..... M.

21. I hereby certify that I attended the deceased from 4-5-48 ....., 19....., to 4-18- ....., 1948;
that I last saw her alive on apr. 16 ....., 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 weeks
Chronic myocarditis	5 years.
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature F L Weyrich (M. D. or other) MD
Address 8212 N. Broadway Date signed 4-19-48

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Rex H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

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.