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. 18152

FILED MAY 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4398

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 DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town Walnut Park 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8523 Park Lane 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Anna Wienecke
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 Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Mch (Month) 28 (Day) 1876 (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Frank Kemna
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Elizabeth Beckman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant August Wienecke
(b) Address 8523 Park Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 11 minute 35 M.
21. I hereby certify that I attended the deceased from May 6, 1948, 19, to May 8, 1948, that I last saw her alive on May 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hr.
Due to Arteriosclerosis	10 yrs.
Due to Hypertension	15 yrs.
Other conditions (Include pregnancy within 3 months of death) 94	

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 0
23. Signature N. J. Houck MD (M. D. ~~or other~~)
Address 8561 Park Lane Date signed 5-8-48

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.