

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthonys 3500 Chippewa
(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)

3. (a) PRINT FULL NAME Anna C. Fox
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 Wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 28 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 6 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Schwing
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Wittmann
15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Norbert Fox
(b) Address 3947 Miami

17. (a) Burial (b) Date thereof 7-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul, Com

18. (a) Signature of funeral director Wing Bernmehle
(b) Address 3819 S Grand Blvd.

19. (a) JUL 4 1948 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 15 3958 Itaska
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 2nd
year 1948 hour 1:30 A. M. P. M.

21. I hereby certify that I attended the deceased from Over 5 years
1948 to July 1, 1948
that I last saw HER alive on July, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration 10 DAYS

Due to NEPHRITIS, CHRONIC 16 years

Due to ARTERIO SCLEROSIS, GENERALIZED ?

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy NEPHRITIC, DEGENERATIVE KIDNEYS, FIBRINOUS PERICARDITIS

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 Henry J. Conner (M. D. or other) MO
Address 818 Olive St. 1 Date signed July 8 48

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

MOTHER FATHER

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 *Elmer R. Cadwell*

Licensed Embalmer No. *4077*

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.