No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31202

Registrar's No. 7952

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: 2642 ANN
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County von 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2642 ANN
(If rural, give location)
23

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

If yes, name country

3. (a) PRINT FULL NAME ANNA LINNECKE

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~~ WILLIAM

6. (c) Age of husband ~~or wife~~ if alive 65 years

7. Birth date of deceased APRIL (Month) 9 (Day) 1885 (Year)

8. AGE: Years 63 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER

12. Name GEORGE SCHAUMBERG

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

14. Maiden name KATHERINE HEBNER

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

16. (a) Informant WILLIAM LINNECKE

(b) Address 2642 ANN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 11 1948 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CEM.

18. (a) Signature of funeral director Ros Kutis & Son

(b) Address 2906 GRAVOIS

19. (a) SEP 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 9 year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 4-8, 1948 to 9-9, 1948 that I last saw h alive on 9-9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	1 y
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Beth N Klein (M. D. or other)

Address 2632 S. Kingshighway Date signed 9-9-48

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.