

No. 3
M-10-47
7-5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41965**

FILED JAN 11 1949

318

Registration District No. _____

1003

Registrar's No. **11182**

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:
5230 Bancroft Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5230 Bancroft Ave.
(If rural, give location)
(e) Citizen of foreign country? 14 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA YOUNG

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Gustav 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep't. 6 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Newark N. J.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Leonard W. Schmitz

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

14. Maiden name Elizabeth Watter

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Anderson

(b) Address 5230 Bancroft Ave.

17. (a) Burial (b) Date thereof 12 27 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 27 1948 (b) J. P. Laster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1948 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1932
_____, 19____, to 12-23-48, 19____;
that I last saw her alive on Nov 28 1948, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Sclerosis
Due to Arteriosclerosis
Asthma
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)
(c) Means of injury _____

23. Signature W. H. Ormslee (M. D. or other) _____
Address 3720 Washington Date signed 12/27

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

MOTHER FATHER

APR 14 1950

8-17-50

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 *Edwin A. M. Bennett*
Licensed Embalmer No. *3024*

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.