

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4907

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis			17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3816 Flad			d. STREET ADDRESS (If rural, give location) 3816 Flad				17	
3. NAME OF DECEASED (Type or Print) Anna			a. (First)		b. (Middle) Illig		c. (Last)	
4. DATE OF DEATH June 4 1949		(Month)		(Day)		(Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow		8. DATE OF BIRTH Oct. 13 1861		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? 4		
13a. FATHER'S NAME Anton Foerderer		13b. MOTHER'S MAIDEN NAME Rosalia Fungert		14. NAME OF HUSBAND OR WIFE Williams (Deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Anna T. Illig ADDRESS 3816 Flad Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 10 yrs. 10 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from April 20th 1949 , to June 4th 1949 , that I last saw the deceased alive on June 3rd 1949 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Albert Beisbarth, M.D.			23b. ADDRESS 3606 Gravois ave.			23c. DATE SIGNED 6/4-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Crema.		24b. DATE 6-6-49		24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis		
DATE RECD. BY LOCAL REG. JUN 9 1949		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec				

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

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 _____

Jack Haupt

Student Embalmer No. 231

working under my personal supervision.

Signed.....

Jack Haupt
Student Embalmer

Signed.....

Francis Williamson

Licensed Embalmer No. 3565

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.