

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29200**
Registrar's No. **7850**

FILED SEP 3 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis /		c. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4210 Arsenal St.		d. STREET ADDRESS (If rural, give location) 16 4210 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) ERNSTINE c. (Last) ANSTEDT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 20, 1866
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1000 Hrs. _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 8
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernst Louis Schumann	
13b. MOTHER'S MAIDEN NAME Elizabeth Sophia Steinhausen		14. NAME OF HUSBAND OR WIFE Jacob Anstedt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 16 mos.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		Adrenal deficiency	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222	
22. I hereby certify that I attended the deceased from June 1851 , to Aug 17, 1952 , that I last saw the deceased alive on Aug. 15, 1952 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE C. Fleischer (Degree or title) MD		23b. ADDRESS 508 N. Grand Ave	23c. DATE SIGNED 8/17/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 19, 1952	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. AVG 1.9 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. Inc., 1936 St. Louis Av.	

mjs (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Krupar

Licensed Embalmer No. 3497

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.