AUG 18 1938 DEC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29956
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 1377
(c) City Clayton, Mo. — (d) Street No. St. Louis County, Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Anslyn. 524
(a) Residence, No. Creve Coeur, Missouri. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gerard Anslyn.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1855.
7. AGE: YEARS 82 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife,
9. Industry or business in which work was done, as saw mill, bank, etc. at Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut. 1

FATHER
13. NAME Gottlieb Hilderbrand. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Mary Schroeder.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mr. Fred Hildebrand. Creve Coeur, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters, Cem. DATE August 20, 1938.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED AUG 18 1938 — T R Meyer MD — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall on floor in own home.	7/29/38
186	

Other contributory causes of importance:

Fracture of neck of R. Femur	7/29/38

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/29/38
Where did injury occur? Creve Coeur, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Accidental fall
Nature of injury Fracture R. Femur
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John [signature], M. D.
(Address) Coroner of St. Louis County, Mo.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

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, ...

Phillip H Quinn ....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Phillip H Quinn

Licensed Embalmer No. 1699

P. O. Address 5966 Easton St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.