

Registration District No. **791** Primary Registration District No. **1003**

FILED MAR 1 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5025 Geraldine
(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 75 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5025 Geraldine
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **650**
Anna E. C. Schramm

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

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

6. (b) Name of husband or wife John Schramm 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased October 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 3 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nil

12. Name August Stricker

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

14. Maiden name Minnie Rose

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

16. (a) Informant Henry Schramm

(b) Address 4061 1/2 Blow

17. (a) Burial (b) Date thereof Feb. 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Charles J. ...

(b) Address 330 3/4 N. 20th St.

19. (a) FEB 4 1940 (b) J. B. ...
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1940 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939
to Feb. 2, 1940
that I last saw her alive on Feb. 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to General Hypertension

Duration Don't know
Don't know

Other conditions 701
(Include pregnancy within 3 months of death)

Major findings: 701
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) (e) Means of injury _____
23. Signature R. R. Menown (M. D. or other) _____
Address 5330 Geraldine Date signed 2/3/40

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

2
0-39
-39
121492

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

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