

MAY 15 1940 791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3198**

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

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:
3011a Ohio 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)

8. (a) PRINT FULL NAME ANNA ELIZABETH REIS 700

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 Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 48 Unknown 1 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Schmitz

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

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

16. (a) Informant Carl Reis

(b) Address 3011a Ohio Ave.

17. (a) Burial (b) Date thereof April 8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) APP 6 1940 (b) J. D. Bradlock
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
 (d) Street No. 3011a Ohio Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
 year 1940 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-30-39
~~4-1-40~~ 19____ to 4-5-40 19____

that I last saw her alive on 4-1-40 19____

and that death occurred on the date and hour stated above, as below Duration _____

Immediate cause of death to me

Carcinomatous

Due to Adeno Carcinoma of Left ovary 4 yrs -

Due to _____

Other conditions Carcinoma - final feature

(Include pregnancy within 3 months of death)

Major findings: Adeno ca of left

Of operations Ovary

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 Wm. C. Maydell (M. D. or other) _____

Address 634 N. Grand Date signed _____

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 Berg C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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, above space should be left blank.