

Registration District No. **79** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **3**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **St. Louis Hospital**  
(d) Length of stay: In hospital or institution **40 years**  
In this community **40 years**

8. (a) PRINT FULL NAME **Anna Frazzler**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Adam** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 2 1871**

8. AGE: Years **68** Months **6** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Austria-Hungary**

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Martin**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16. (a) Informant **Anthony S. Frazzler**  
(b) Address **417 Fassen St.**

17. (a) **Burial** (b) Date thereof **June 24, 1940**  
(c) Place: burial or cremation **O. S. Peter & Paul Cem.**

18. (a) Signature of funeral director **Wassler-Halden U.C.**  
(b) Address **2331 So. Broadway**

19. (a) **JUN 21 1940** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **23**  
(d) Street No. **1884 S. 11th St.**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**  
year **1940** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Due to **Chronic Myocarditis**  
Due to **Chronic Myocarditis**

Other conditions \_\_\_\_\_  
Major findings: **93c**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature **Alfred Perry** (M. D. or other) **5**  
Address **Alfred Perry** Date signed **6/21/40**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Frank J. Wyland Jr.*

Licensed Embalmer No.

*2675*

P. O. Address

*St. Louis*

**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.**