

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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:
2529 Maiden Lane
(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 **About 45 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2529 Maiden Lane**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.: **About 45** years.

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

3. (b) If veteran, name war **no** 8. (c) Social Security No. **no**

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 22, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	7	hr. _____ min. _____

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Joseph Genter**

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

14. Maiden name **Wilberger Sommers**

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

16. (a) Informant's own signature **Edna Deyer**

(b) Address **2529 Maiden Lane**

17. (a) **Burial** (b) Date thereof **July 1, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Richard Cochran**

(b) Address **2228 St. Louis Ave**

19. (a) **Jul 30 1940** (b) **J. F. Medelich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28th**
 year **1940** hour **2 A.M.** minute _____ A.M.

21. I hereby certify that I attended the deceased from **May 21**, 19**40**, to **June 28**, 19**40**
 that I last saw her alive on **June 26**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis**

Due to _____

Due to _____

Other conditions **chronic nephritis**
(Include pregnancy within 3 months of death) **schubility**

Major findings: _____
 Of operations _____

Of autopsy _____

Duration

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 _____

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? **Yes**

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **William H. Grundmann** (M. D. or other)

Address **2519 N. Jefferson** Date signed **6/29/40**

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, or by.....

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

Signed

Charles E. Gooden

Licensed Embalmer No. *2777*

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, above space should be left blank.