

No. 2  
-11-10-39  
5-17-39  
P I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27052  
76948  
State File No.  
Registrar's No.

FILED SEP 25 1940 791

Registration District No. Primary Registration District No. 1003

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:  
5424 Claxton Avenue 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community Since Birth (Specify whether years, months or days)

8. (a) PRINT FULL NAME ANNA SEWING 520  
 (b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Edward Sewing 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 11 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Frederick Hagedorn  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Johanna Ubergonner  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur H. Zaströw  
 (b) Address 5424 Claxton Avenue

17. (a) Burial (b) Date thereof 8/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math. Hermann & Son  
 (b) Address 2161 East Fair Avenue

19. (a) AUG 16 1940 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State 0 Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
(If outside city or town limits write "RURAL")  
 (d) Street No. 5424 Claxton Avenue  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 14  
 year 1940 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 12 1940 to Aug 14 1940  
 that I last saw h. alive on Aug 14 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis 6 wks.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 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? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature J. J. Predeck (M. D. or other) MD  
 Address 1901 Madison St Date signed Aug 16

**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 *William G. Buchholz*

Licensed Embalmer No. *7110*

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.**