

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9874**

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: **Jewish Hospital**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Macoupin**
(c) City or town **Bunker Hill, Ill.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Anna Eden**

(b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **April 15 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30th**
year **1940** hour **3:45** minute **0** M.

21. I hereby certify that I attended the deceased from **11/20/30**
_____, 19____, to **Nov. 30**, 19____
that I last saw her alive on **Nov. 29**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial, Chronic**
Disease
Due to _____

Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **64** Months **7** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Tracy, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Ottensmarch**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Heemers**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Eden**
(b) Address **Wood River, Ill.**

17. (a) **Removal** (b) Date thereof **12/3/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunker Hill, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. **DEC 2 1940** (b) **J. H. Bedeck**
(Date received local registrar) (Registrar's signature)

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? (e) Means of injury _____

23. Signature **Veruan H. Gray** (M. D. or other) **M.D.**
Address **508 N. Grand** Date signed **11/30/40**

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

40
39
23159

REC'D JAN 15 1941

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 *Albert G. Hoffer*

Licensed Embalmer No. 2971

P. O. Address.....

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, fact should be so stated above.