S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16631

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4149

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2631 Nebraska 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 Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis. 17/7
(If outside city or town limits, write "RURAL")

(d) Street No. 2631 Nebraska Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life. 0 years.

3. (a) PRINT FULL NAME ANNA EHRET

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 Married

6. (b) Name of husband or wife Charles A Ehret

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 11 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	4	4	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name Edw. Viano.
13. Birthplace Holland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Virzalte
15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A? Ehret
(b) Address 2631 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/41
(Month) (Day) (Year)
(c) Place: burial or cremation St Paul Churchyard.

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAY 17 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 6 45 P.M. minute M.

21. I hereby certify that I attended the deceased from Mar 31, 1941, to May 15, 1941; that I last saw her alive on May 15, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Sigmoid	3 Mos +
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	7
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Otto O Lilb M.D. (M. D. or other) 0
Address 3608 S Grand Date signed 5/16/41

(Licensed Embalmer's Statement on Reverse Side)

Dickman Bldg
7-8

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.