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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30016

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7355

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

000
17
9

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: ST. ANTHONY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST LOUIS 24 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3010 OHIO AVE (If rural, give location)

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

3. (a) PRINT FULL NAME ANNA EILERS

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 WIDOW

6. (b) Name of husband or wife HENRY

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

7. Birth date of deceased AUG 29 (Month) 1873 (Day) (Year)

8. AGE: Years 68 Months Days 12 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name HERMAN WINKLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name HELEN WINKEN
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant HENRY EILERS

(b) Address 3010 OHIO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 13 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL

18. (a) Signature of funeral director Thos Kutes & Son

(b) Address 2906 Gravois

19. (a) SEP 11 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 10 year 1941 hour 12 45 minute A M.

21. I hereby certify that I attended the deceased from June, 1936, to Sept 10th, 1941; that I last saw her alive on Sept 9th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Cerebral — Duration 10 days

Due to Hypertension

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Apoplexy Cerebral

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 D

23. Signature D. E. Michael (M. D. or other) M. D.

Address 506 Olive Date signed 9/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 with the above constitutes grounds for revocation of license.)

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