

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:
3334 S. 9th St.
(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)

3. (a) PRINT FULL NAME ANNA WIPFLER

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

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

8. AGE: Years Months Days If less than one day
About 75 Unknown hr. min.

9. Birthplace Harrisburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Light

(b) Address 8543 Pilot

17. (a) Burial (b) Date thereof Nov. 19-41
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Park

18. (a) Signature of funeral director J. P. Mayfield

(b) Address 1926 Allen Ave.

19. (a) Nov 17 1941 (b) J. F. Budeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")
(d) Street No. 3334 S. 9th St. 9
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1941 hour one minute 58 A.M.

21. I hereby certify that I attended the deceased from November 14, 1941, to Nov 17, 1941; that I last saw her alive on Nov 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic stroke Rt side; Cerebral Hemorrhage Duration 3 days

Due to Hypertension Arteriosclerosis

Due to 83a

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations none Of autopsy not done
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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?

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

23. Signature Leroy Ellison (M. D. or other) MD
Address 36660 Broadway Date signed 11-17-41

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

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.....

Benjamin J. Duncan

Licensed Embalmer No.....

2272

P. O. Address.....

1926 Allen

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.