

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 364

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Anna C. Other

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 divorced

6. (b) Name of husband or wife Cooney Schlotter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	70	2	26	

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elida Mae Busekrus

(b) Address 3642 Connecticut St.

17. (a) Burial (b) Date thereof Jan. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wm J. Robert L. & C.
JAN 13 1942 3642 So. Grand Blvd.

(b) Address _____

19. (a) JAN 13 1942 (b) J. F. Wredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3354 So. Grand Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1942 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11/14/41
1941 to 1/10/42 1942

that I last saw him alive on 1/10/42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous pneumonia

Due to _____

Due to _____

Other conditions Arteriosclerosis & Fracture of hip
(Include pregnancy within 3 months of death)

Major findings Heart and all.

Of operations _____

Of autopsy Spontaneous pneumonia
3rd rib fracture of left femur

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence About 300 p.m. to 7/11/42

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. J. Signorella (M. D. or other) MD
Address 2801 N. Taylor Date signed 4/24/42

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

110
00
19
9

MOTHER FATHER

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.....

Robert G. Robert

....., Registered Apprentice No.....

310

working under my personal supervision.

Signed.....

Howard P. Rowland

Licensed Embalmer No.....

3114

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.