

FILED FEB 24 1941 **791**

Registration District No. **100** Primary Registration District No. **700**

Registrar's No. **10307**

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

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:  
**6068 Thekla Avenue**  
(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 Reidt**

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 **Fred Reidt** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **6 16 1875**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **John Fehrs** **Germany**  
13. Birthplace \_\_\_\_\_ (State or foreign country)  
14. Maiden name **Meta Hoeger** **Germany**  
15. Birthplace \_\_\_\_\_ (State or foreign country)

16. (a) Informant **Fred Reidt**  
(b) Address **6068 Thekla Avenue**  
17. (a) **Burial** (b) Date thereof **12-29-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Truth Center Mortuary**  
(b) Address **4024 Lindell Boulevard**

19. (a) **DEC 27 1941** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**  
(c) City or town **St. Louis** **7 17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6068 Thekla Avenue** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25th**  
year **1941** hour **10:27** A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Oct 11**  
1941 to **Dec 26** 1941  
that I last saw ~~her~~ alive on **Dec 26** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus**  
**primary site the Uterus**  
Due to **Carcinoma of Uterus**  
**Caecum Adenocarcinoma**  
Due to **primary site the Uterus**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**  
Of autopsy **None**

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 **Beane A. Murdock** (M. D. or other) **M.D.**  
Address **4032 W. 9th St. St. Louis, Mo.** Date signed **12/27/41**

**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 \_\_\_\_\_

Licensed Embalmer No. 4110

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.