

FILED APR 17 1942
791

Registration District No. _____
Primary Registration District No. 1003

Registrar's No. 3066

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)
In this community _____
years, months or days

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. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Ray Fodrea

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased April 27, 1865
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>76</u>	<u>11</u>	<u>6</u>		

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Richard Holden

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

14. Maiden name Wiley Williams

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

16. (a) Informant Clara D. Rothe

(b) Address 5351 Delmar Blvd

17. (a) Burial (b) Date thereof 4/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) APR 5 1942 (b) J. T. Bedwick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 3 day
year 1942 hour 9.30 minute P. M.

21. I hereby certify that I attended the deceased from August 29, 1942, 19____, to April 3, 1942, 19____; that I last saw her alive on April 3, 1942, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1yr.

Due to Senility 6mth

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Alexander & Sons (M. D. or other) _____
Address 5351 Delmar Blvd Date signed 4-4-42

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

no
17
9

no
17
9

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

Joseph E. McCullough

Licensed Embalmer No. *2460*

P. O. Address *6135 P. Elmer*

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.