

Registration District No. Primary Registration District No. 1000 Registrar's No. 3908

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

7744 Orleans St. Road

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution Missouri Baptist Hospital
(d) Length of stay: In hospital or institution 4 1/2 months
In this community years, months or days

3. (a) PRINT FULL NAME CHRISTINE ANSELM

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

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

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

7. Birth date of deceased Feb. 9, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Theobald Anselm

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

14. Maiden name Katharina Schaefer

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

16. (a) Informant Mathiasine Kebab (b) Address 1156 1900 Road, N. City.

17. (a) Burial (b) Date thereof (c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Louis N. Buppel (b) Address 1314 1/2 Ridge St. Kirkwood, Mo.

19. (a) Date received local registrar MAY 3 1942 (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 4th Municipality City
(d) Street No. 8100 Bessie Lane
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1942 hour 12 minute 42 P.M.

21. I hereby certify that I attended the deceased from Dec 12 1941 to May 1 1942 that I last saw her alive on May 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid c Cachexia

Due to H. C.

Other conditions Heart Arteriosclerosis (Include pregnancy, within 3 months of death)

Major findings: Of operations Of autopsy Cumulus Co of Sigmoid c Perforation in Sigmoid

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?

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

23. Signature Chas F Rosenherg (M. D. or other) Address 7745 Olive St. Date signed 5/1/42

Duration ? Underline the cause to which death should be charged statistically.

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 Louis H. Boff

Licensed Embalmer No. 921

P. O. Address 131 W. Argonne Dr. Kishwaukee

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.