

FILED OCT 1 1942 318

STANDARD CERTIFICATE OF DEATH
1003

State File No. 7871
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Carrie Elligson Gietner Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 10 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3609 Palm St. 0
 (If rural, give location)
 (e) Citizen of foreign country? Citizen of US (Specify No.)
 If yes, name country

3. (a) PRINT FULL NAME Anna Smith
 (b) If veteran, name war No.
 (c) Social Security No. None

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife F.G. Smith 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Jan. 5 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	8	16	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
 12. Name Ernest Bueltman
 13. Birthplace Bielefeld, Germany (City, town, or county) (State or foreign country)
 14. Maiden name J. Sephine Roehr
 15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Loraine Smith
 (b) Address 3609 Palm St. St. Louis Mo
 17. (a) Burial (b) Date thereof 9-24-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) SEP 29 1942 (b) J. J. Brendsch (Registrar's signature)
 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
 year 1942 hour 1.20 minute P. M.
 21. I hereby certify that I attended the deceased from Sept. 12th
 1942 to Sept. 21 1942;
 that I last saw her alive on Sept. 21 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage
 Due to Arterio Sclerosis

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?

23. Signature J. C. Herchenrader (M. D. certifier)
 Address 5000 S. Broadway Date signed 9/24/42
 While at work (Specify type of place) Means of injury

Duration 15 days
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *Homer L. Ponder*

Licensed Embalmer No. *2367*

P. O. Address *2223 St. Louis av*

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.