

FILED SEP 18 1942

Registration District No. **57**

Primary Registration District No. **200**

Registrar's No. **1882**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **LEMAY**

(c) Name of hospital or institution **119 E ARLEE 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 YRS** (Specify whether years, months or days)

In this community **19 YRS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ST. LOUIS**

(c) City or town **LEMAY**  
(If outside city or town limits, write "RURAL")

(d) Street No. **119 E. ARLEE**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **A**

3. (a) PRINT FULL NAME **ANNA WALL**

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 **THEODORE** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **DECEMBER 2 1880**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **51** Days **9** If less than one day **6** hr. min.

9. Birthplace **ST LOUIS Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **—**

MOTHER FATHER { 12. Name **DAN HARDER**

13. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE TAYLOR**

15. Birthplace **INDIANA 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theodore Wall**

(b) Address **119 E. ARLEE**

17. (a) **BURIAL** (b) Date thereof **SEPT. 12-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW SS PETER & PAUL**

18. (a) Signature of funeral director **Christman & Co.**

(b) Address **7948. Bellevue**

19. (a) **SEP 9 1942** (b) **E. M. [Signature]**  
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8** year **1942** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Aug 26**, 1942 to **Sept. 8**, 1942 that I last saw her alive on **Sept 8**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of cervix with metastasis into uterus & intestines**

Due to **—**

Due to **—**

Other conditions (Include pregnancy within 3 months of death) **—**

Major findings: Of operations **—**

Of autopsy **—**

Duration

**unk.**

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? **—**

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

23. Signature **Dean H. Murray, M.D.** or other **—**

Address **9439 Gentry** Date signed **SEP 9**

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

96  
0  
0

SEP 18 1968

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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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

**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.**