. S. No. 2
OM—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35613

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9967

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Housr (Specify whether years, months or days)
In this community 50 Years.

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. 1936 Dodier St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Laute.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 25 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	3	3	hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country)
10. Usual occupation Housework.
11. Industry or business
MOTHER FATHER
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Elsie Vortmeier.
(b) Address 2503 Hamilton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) NOV 30 1942 (Date received local registrar) (b) J. J. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1942 hour 11:45 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain; Internal hemorrhage from laceration of left lung; when she was struck by an automobile driven by one Wm. Nynatten
Due to about 100 feet north of Wright St. on Florissant Ave., about 6:10 P.M. Nov. 28, 1942
Other conditions (Include pregnancy within 3 months of death)
Major findings of operation
Of autopsy

Duration

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) Accident
(b) Date of occurrence Nov. 28, 1942
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (c) Means of injury?
23. Signature Alfred J. Perry (M. D. or other)
Address Date signed 11/30/42

(Licensed Embalmer's Statement on Reverse Side)

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. 3367

P. O. Address 522 3 St. Louis

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.