

RECD DEC 10 1942

Registration District No. 788

Primary Registration District No. 115

96  
53

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

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6647 Kingsbury Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6647 Kingsbury Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara Anfenger  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 30  
year 1942 hour Five minute 50 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Louis E. Anfenger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 3 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1940 to Nov. 30, 1942, that I last saw him alive on Nov. 29, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 7 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Breast  
Due to \_\_\_\_\_  
Due to 50  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings: Breast axillary glands returned 7 yrs ago  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Jacob Horwitz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Morton Anfenger  
(b) Address 6647 Kingsbury Blvd.  
17. (a) Burial (b) Date thereof 12-1-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Sinai Cemetery  
18. (a) Signature of funeral director Heriman M. Meyers  
(b) Address 5216 Delmar Blvd  
19. (a) NOV 30 1942 (b) C. L. Mc Larson Mo.  
(Date received local registrar) (Registrar's signature)

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 Heriman M. Meyers (M. D. or other) MO.  
Address 508 N. Grand Date signed 11/30/42

MAY 2 1944

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 Chas. W. Cooper  
Licensed Embalmer No. 38130  
P. O. Address 5716 Delmar

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.