

FILED DEC 21 1942

Registration District No.

Primary Registration District No.

1002

Registrar's No. 10319

1. PLACE OF DEATH: **318**
 (a) County.....
 (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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 yrs. 7 mos. 13 ds.**
(Specify whether years, months or days)
 In this community **about 42 years**

2. USUAL RESIDENCE OF DECEASED:
1003
 (a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **City Sanitarium St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **ANTON BIGELMAYER**
 (b) If veteran, name was **Spanish-American**
 (c) Social Security No.

4. Sex **Male** 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 **8** years
 7. Birth date of deceased: **September 8, 1860**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **2**
 If less than one day hr. min.

9. Birthplace **Bavaria Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **unknown**

MOTHER FATHER

12. Name..... **unknown**

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

14. Maiden name..... **unknown**

15. Birthplace..... **unknown Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry A. Karchner**

(b) Address **4061 Mc Donald**

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

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Belcher - Benz**

(b) Address **7847 Meramec St.**

19. (a) **DEC 17 1942** (b) **J. F. Brudack**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Dec.** day **10,**
 year **1942** hour **4:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **7-1-40**, 19....., to **12-10-42**, 19.....;
 that I last saw him alive on **12-10-42**, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** (3 ds.)

Due to **Arteriosclerosis** (12 yrs)

Due to.....

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **Yes** **11/17/42**

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)

While at work..... (e) Means of injury.....

23. Signature **J. F. Brudack** (M. D. or other).....

Address **1000 Arsenal St.** Date signed **12-10-42**

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

DEC 28 1962

Embalmer's Separate Certificate filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.