

*Rigler*

State File No. **885**  
Registrar's No. **655**

**FILED FEB 1 1943**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**4355 Lee Ave.**  
(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 **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4355 Lee Ave.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

*000*  
*17*  
*910*

3. (a) PRINT FULL NAME **Anna E. Welby**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Anthony Welby** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 15 1863**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Murphy**

13. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna McDonald** 15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Fischer**

(b) Address **4355 Lee Ave.**

17. (a) **Burial** (b) Date thereof **1-23-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olive Cem.**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JAN 22 1943** (b) *J. F. Bradeau*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Jan.** day **21**  
year **1943** hour **1** minute **30** A. M.

21. I hereby certify that I attended the deceased from **18th** 19**43** to **Jan 21 1943**  
that I last saw her alive on **Jan 20 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hemiplegia**  
**Aspirin 3 dn.**

Due to: **Aspirin poisoning**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration **3 dn.**

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 *R. D. Rigler* (M. D. or other) \_\_\_\_\_  
Address **415 S. Newland** Date signed **1/22/43**

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

MOTHER FATHER

**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 Frank H. Strook

Licensed Embalmer No. #2265

P. O. Address 4600 Natural Bridge

**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.**