

ED MAR 20 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2368**

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:  
**3040 Fair 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..... **Life** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME..... **Anna Scharnberger**  
3. (b) If veteran, name war..... **No** 3. (c) Social Security No..... **None**

4. Sex **Female** / **White** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **September 16, 1856.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 5 25** hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Frank Scharnberger**  
13. Birthplace..... **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Elizabeth (Unknown)**  
15. Birthplace..... **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss Florence Scharnberger**

(b) Address..... **5014 Idaho Ave.**

17. (a) **Burial** (b) Date thereof..... **Mar. 13, 1943.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Matthews Cemetery.**

18. (a) Signature of funeral director..... **Calvin F. Feutz Fun. Home.**

(b) Address..... **4828 Natural Bridge.**

19. (a) **MAR 11 1943** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

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..... **3040 Fair Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **10,**  
year..... **1943** hour..... **12:30** minute..... P. M.

21. I hereby certify that I attended the deceased from **8/8** 19**41** to **3/10** 19**43**  
that I last saw her alive on **3/10** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Ch. Myocarditis**  
**Arterio Sclerosis**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
**3 1/2 yrs**  
**3 1/2 yrs**

Major findings:  
Of operations.....  
Of autopsy.....

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) Means of injury.....

23. Signature..... **Thornton Greum** (M. D. or other)

Address..... **4500 Easton** Date signed..... **3/11/43**

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

*Dr. Spencer*

**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.....

*John A. Mlinar*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

**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.**