

S. No. 2
I-9-4-41
5-17-39
I X23484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20121
Registrar's No. 6120

JUL 13 1943 318
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
4979 Natural Bridge
(d) Length of stay: In hospital or institution.....
In this community..... 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 4979 Natural Bridge
(e) Citizen of foreign country?..... No

3. (a) PRINT FULL NAME..... Anna VonBehren
(b) If veteran, name war..... No
(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..... William VonBehren
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... January 5, 1867
8. AGE: Years Months Days If less than one day
76 6 0 hr. min.

9. Birthplace..... Pittsburgh, Penn.

10. Usual occupation..... Housework

11. Industry or business.....

MOTHER FATHER { 12. Name..... Philip Schloessmann
13. Birthplace..... Germany
14. Maiden name..... Unknown
15. Birthplace..... 9

16. (a) Informant..... J. Frank
(b) Address..... 1557 McLaren Ave.

17. (a) Burial (b) Date thereof..... July 8, 1943
(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz Funeral Home
(b) Address..... 4828 Natural Bridge Blvd.

19. (a) (Date received from registrar)..... 7/13/43
(b) Registrar's signature..... [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 5th,
year..... 1943 hour..... 11:55 minute..... A. M.

21. I hereby certify that I attended the deceased from..... May 17, 1943
to..... July 5, 1943
that I last saw her alive on..... June 29, 1943
and that death occurred on the date and has stated above.

Immediate cause of death..... Acute Cardiac dilatation
Due to..... Chronic myocarditis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature..... [Signature] (M. D. or other).....
Address..... 3121 N Grand Date signed..... 7/13/43

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. Miller, Registered Apprentice No.
working under my personal supervision.

Signed *John A. Miller*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. L. 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.

11-01