

SEP 4 1943

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 1990

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3906 Philbrook
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Rosenkoetter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased 2-2-1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 30 hr. min.

9. Birthplace Pine Lawn, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER 12. Name John Bruegge

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 Husband Charles Rosenkoetter

(b) Address 3906 Philbrook

17. (a) BURIAL (b) Date thereof SEPT. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM WITH GEM.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) SEP 2-1943 (b) 2 (Registrar's signature) AK
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from 8-30-43 19..... to 9-1-43 19.....;
that I last saw her alive on 9-1-43 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage Duration 11 days
Due to Hypertension ?
Atherosclerosis ?
Due to _____

Other conditions Mild uremia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Sigal

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 J. H. Hedderman (M. D. or other) MD
Address Louis County Hwy. Clayton, Mo. Date signed 9-1-43

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

Medical Record

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

John Agonicki
3398

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.