

FILED DEC 9 1943 **318**  
Registration District No. ....

Primary Registration District No. ....

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:  
5410 West Florissant 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 Since Birth  
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. 5410 West Florissant Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANNA ROTERMUND

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 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 Not Available  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 70 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Not Available

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

14. Maiden name.....

15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William Rotermund

(b) Address 5410 West Florissant Avenue

17. (a) Burial (b) Date thereof 11/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue

19. (a) NOV 27 1943 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1943 hour 9 minute A M. M.

21. I hereby certify that I attended the deceased from Nov 1  
1943, to Nov 24, 1943  
that I last saw h. 4 alive on Nov 23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
Chronic nephritis 10 yrs  
Due to Chronic myocarditis and atherosclerosis 11 yrs  
Due to Arteriosclerosis and nephritis death occurred  
Other conditions none may be listed

Major findings: no report PHYSICIAN  
Of operations.....  
Of autopsy no autopsy  
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) no

(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 Wm T Himbi (M. D. or other) W U  
Address 3800 North Grand Date signed 11/26/43

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

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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 Francis A Williamson  
Licensed Embalmer No. 3565  
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.