

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 186

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Eleven Days  
(Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 Decatur St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Anna Bredensteiner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Fredrick Bredensteiner 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased February 6 1909  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name August Gillerding  
13. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Annette Rottger  
15. Birthplace Josephville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Bredensteiner

(b) Address 721 Decatur, St. Charles, Mo

17. (a) Burial (b) Date thereof Nov 11 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles

18. (a) Signature of funeral director N.C. Dillmeyer & Sons

(b) Address 301 N. Second, St. Charles, Mo

19. (a) 11-9-1943 (b) Emmet G. Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 8  
year 1943 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 28<sup>th</sup> 1943 to Oct 28<sup>th</sup> 1943  
that I last saw her alive on Nov 7<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Gen. Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) =

Major findings: Of operations No

Of autopsy No

Duration

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?

23. Signature A.P. Eriah Schuch (M. D. or D.D.S.)  
Address St. Charles Mo Date signed 11/11/43

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

MOTHER FATHER

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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 John B. Hallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.**