S. No. 2
M—2-43
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X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39441

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10941

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3223-A Pestalozzi (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town Saint Louis, 616 (If outside city or town limits, write "RURAL")

(d) Street No. 3223-A Pestalozzi Street. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna M. Abegg

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 Married.

6. (b) Name of husband or wife Edward F. Sr.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 8th, (Day) 1881 (Year)

8. AGE: Years 62 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name Christian Zelms
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Edward F. Abegg Sr.

(b) Address 3223-A Pestalozzi Street.

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

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) DEC 11 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th, year 1943. hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 16th, 1943 to Dec 8th, 1943 that I last saw her alive on Dec 8th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration 1 hour

Due to Hypertension — 1 year

Due to —

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy No

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) no accident

(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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature W A Fries (M. D. or other)

Address 1544, So. Broadway Date signed 12/9-43

(Licensed Embalmer's Statement on Reverse Side)

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 Juddie A. Ziegenhein

Licensed Embalmer No. 2270

P. O. Address 6409 Groves

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.