

FILED JAN 19 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 65

96
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(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 4 hours
In this community 40 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6317 Wellsmar Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Annie Asmus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race wh. 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 Dec (Month) 8 (Day) 1868 (Year)

8. AGE: Years 75 Months 1 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Carl Asmus
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name Fredeska Rhrubach
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Martha Koebel
(b) Address 4274^a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. 11, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Burial Park

18. (a) Signature of funeral director Geo. L. Pleitach Inc.
(b) Address 5466 Euclid Ave. St. Louis Mo.

19. (a) JAN 11 1944 (Date received locally) (b) E. St. Mc (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1944 hour 6: minute 25 P.M.

21. I hereby certify that I attended the deceased from 3 pm Jan. 8, 1944, to 6:25 am Jan 8, 1944; that I last saw her alive on Jan. 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia arteriosclerotic heart disease Duration unknown

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Bronchopneumonia 938

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? _____

(Specify type of place)

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

23. Signature James G. Owen (M.D. or other) M.D.

Address St. Louis Co. Hospital Date signed 1-9-44

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

Ben Hoffman

Licensed Embalmer No.

4366

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.