

FILED MAR 6 1944
378

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1829**

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT

FULL NAME Anna Mederer

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, Widow
6. (b) Name of husband or wife Joseph Mederer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 2 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 22 hr. _____ min.

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

10. Usual occupation Nil at Home

11. Industry or business _____

MOTHER FATHER

12. Name Carl Sandheimer

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

14. Maiden name Margaret ?

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 2/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Hubert Perry Mortuary

(b) Address 2842 Meramec St.

19. (a) FEB 25 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5522 So. 37th St.
(If rural, give location) 15
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 24 day
year 1944 hour 1:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 29 1944 to Feb. 24, 1944,
that I last saw her alive on Feb. 24, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia
Duration Several years

Due to _____

Due to _____

Other conditions Coronary Heart disease
(Include pregnancy within 3 months of death) generalized arteriosclerosis

Major findings: _____
Of operations _____

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.
Several years

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 MI

23. Signature D. Lynn Korman (M. D. or other) MD
Address 5800 Arsenal Date signed 2/28/44

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

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St.,
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.