

State File No. 19173  
 Registrar's No. 1247

FILED JUN 12 1944  
 Registration District No. 2194  
 Primary Registration District No. 3068

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7307 Zephyr Place  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7307 Zephyr Place  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

In this community \_\_\_\_\_  
years, months or days Anna Fischer Stengel  
(nee Dierking)  
 3. (a) PRINT FULL NAME Anna Stengel Fischer  
 3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 (c) Social Security \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 3d  
 year 1944 hour 8:30 A.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Feb. 29  
1944 to June 3 1944  
 that I last saw her alive on May 30 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Joseph Stengel  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 7 22 1870  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to 48h  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
73 10 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Troy Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeper  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER  
 12. Name August Dierking  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Constanzi  
 15. Birthplace Alsace Lorraine  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant C. J. Fischer  
 (b) Address 7307 Zephyr Place  
 17. (a) Cremation (b) Date thereof 6-6-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: Valhalla Crematory  
 18. (a) Signature of funeral director Truth Center Mortuary  
 (b) Address 4024 Lindell Blvd.  
 19. (a) JUN 7 1944 (b) C. G. Mc Davran, M.D.  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_  
 Signature C. E. Williamson (M. D. or other)  
 Address 6336 Clayton Road Date signed 6/5/44

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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 Ketter*

Licensed Embalmer No.....

3880

P. O. Address.....

**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.