

**FILED AUG 25 1944 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **Saint Louis Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Anthony Hospital. 0**  
(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

3. (a) PRINT FULL NAME **Louise Dannenberger.**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **493-01-8959**

4. Sex: **Female** 5. Color or race: **White** 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: **August 23rd, 1885.**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **11** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation: **Nil**  
11. Industry or business \_\_\_\_\_

12. Name: **Joseph Dannenberger**  
13. Birthplace: **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name: **Louise Zimmermann**  
15. Birthplace: **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Bertrude Dannenberger**  
(b) Address: **4753 Rosa Ave.**  
17. (a) **Burial** (b) Date thereof: **Aug. 18-1944.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Old S.S. Peter & Paul**  
18. (a) Signature of funeral director: **Fiegenheim Bros.**  
(b) Address: **6409 Gravois Ave.**  
19. (a) **Aug 16 1944** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Missouri.** (b) County: **000**  
(c) City or town: **Saint Louis, 17**  
(If outside city or town limits, write "RURAL") **9 2**  
(d) Street No.: **4753 Rosa Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15th.**  
year **1944.** hour **4** minute **45 P. M.**  
21. I hereby certify that I attended the deceased from **Aug 15** 19 **44** to **Aug 15** 19 **44**  
that I last saw her alive on **Aug 15** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Embolus** **8-15-44**  
Due to: **Peritonitis** **8-10-44**  
Due to: **Ruptured atherosclerosis** **8-10-44**

Other conditions: **12/17**  
(Include pregnancy within 3 months of death)  
Major findings: **atherosclerosis**  
Of operations: \_\_\_\_\_  
Of autopsy: **none**

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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_  
23. Signature: **W. Schneider** (M. D. or other) **W.D.**  
Address: **3318 S Grand** Date signed: **8-15-44**

**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.....

*Homer W. Fritz*

Licensed Embalmer No. *3882*

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.**