S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29942

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 8222

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: 4716 S. Compton Ave
(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 600

(c) City or town St. Louis 1215
(If outside city or town limits, write "RURAL")

(d) Street No. 4716 S. Compton Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Wentz

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

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

7. Birth date of deceased September 3 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Theodore Miller
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Anderson
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leto Smith
(b) Address 4716 S. Compton Ave

17. (a) Burial (b) Date thereof 9-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St

19. (a) SEP 26 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th. day September
year 1944 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from 6-13-44, 19, to 9-24-44, 19;
that I last saw her alive on 9-24-44, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

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

Major findings:
Of operations 93
Of autopsy

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 0

23. Signature Joseph L. Ferris (M. D. or other)
Address 4065 - So Grand Date signed 9/25/44

(Licensed Embalmer's Statement on Reverse Side)

No Tenis

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 Francis A. Williamson

Licensed Embalmer No. 3562

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.