

FILED JUL 14 1945
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital #1.
(d) Length of stay: In hospital or institution 23 days
In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2700 Chippewa
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Anna Foster
(b) If veteran, name war no
(c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widow
(b) Name of husband or wife Geo.
(c) Age of husband or wife if alive years 22 1865
7. Birth date of deceased Oct. 22 1865

8. AGE: Years 79 Months 8 Days 2

9. Birthplace Belleville Illinois

10. Usual occupation House Work

11. Industry or business

12. Name Wm. Hirsch
13. Birthplace Germany
14. Maiden name not known
15. Birthplace Germany

16. (a) Informant Ruth Rittmann
(b) Address 4254 California Ave

17. (a) removal (b) Date thereof 6-26-1945
(c) Place: burial or cremation Los Angeles California

18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec-St. Louis 18 Mo.

19. (a) JUN 25 1945 J. F. Breese
(b) Address 1515 Lafayette
(c) Date signed 6/23/45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1945 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from 5/31/45
May 8 1945 to 5/31/45
that I last saw her alive on 5/31/45
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to
Due to
Other conditions 162
Major findings:
Of operations
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
White at work
23. Signature James J. [Signature] M. D. or other)
Address 1515 Lafayette Date signed 6/23/45

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

#4267A

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 Williamson*

Licensed Embalmer No. *3565*

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.