

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29372**

FILED SEP 21 1945
Registration District No. **378**

Primary Registration District No. **1003**

Registrar's No. **8038**

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:
3449 Klocke Street, /
(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 Anna Schramm,

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 Widowed,

6. (b) Name of husband or wife..... William, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. September 8, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 -0- 6 hr. min.

9. Birthplace St. Louis, Missouri, /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER { 12. Name Stephan Meilves,

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know,

15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia J. Hemker,

(b) Address 3449 Klocke St.,

17. (a) Burial, (b) Date thereof 9/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) SEP 14 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,

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

(d) Street No. 3449 Klocke Street,
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 14th
year 1945 hour 7: minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/29 1942 to 9-10-45 1945
that I last saw her alive on 9-10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis

Duration.....

Due to.....

Due to.....

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

Senility 93

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

Means of injury.....

23. Signature Repl. C. Mrs. (M. D. or other)
Address 1010 S. 50th Date signed 9-14-45

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.....

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

Signed.....

Warren A. Carver

Licensed Embalmer No. *3534*

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.