

FILED DEC 21 1945 **STANDARD CERTIFICATE OF DEATH**

38922

State File No.

10652

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4034 Quincy St., /
(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 St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4034 Quincy
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Bircher

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Bircher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Jacob Wehrli
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Weusner
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Le Roy J. Bircher

(b) Address 4034 Quincy

17. (a) Burial (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 8 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
 year 1945 hour 7:50 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 28
1944 to Dec. 6 1945
 that I last saw her alive on Dec. 5 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration 2 years
 Due to Osteo Arthritis Chr. 10 "
 Due to Arterial Hypertension ?

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

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)
 (e) Means of injury _____

23. Signature P. O. Herchenroeder (M. D. or other) _____
 Address 5000 S. Broadway Date signed 12/1/45

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.....

Licensed Embalmer No. 3653

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.