

FILED APR 17 1946 818

STANDARD CERTIFICATE OF DEATH

1003

State File No. 15290

Registrar's No. 3045

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5384 South West 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 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5384 South West Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? N(0) (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Wahoff

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

4. Sex Female 5. Color or 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 12 - 18 - 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Bernard Naber  
 13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)  
 14. Maiden name Helena Schmitz  
 15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Wahoff  
 (b) Address 5384 South West Ave

17. (a) Burial (b) Date thereof 4-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation S. Peter & Paul Cem.

18. (a) Signature of funeral director Wingbermuehle FunHome  
 (b) Address 3819 S. Grand Blvd.

19. (a) Apr 1 1946 (b) J. F. Braedek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 1st  
 year 1946 hour 2/50A Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1935  
 \_\_\_\_\_, 19\_\_\_\_, to 4-1, 1946  
 that I last saw him aw alive on 3-24-46, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular renal disease

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 1/31  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 Hebert (M.D. or other) M.D.  
 Address 527 N. Union Date signed 4-1-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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..... *Sheldon Collier* .....  
Licensed Embalmer No. *3382* .....  
P. O. Address..... *7027 Gravois* .....

**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.**