

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **18164**
Registrar's No. **4050**

Registration District No. **318** Primary Registration District No. **1003**

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:
4611 Alaska Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 23 years
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") 157
(d) Street No. 4611 Alaska
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Beck
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 Martin G.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Sommerer

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

14. Maiden name Margaretha Fuchs

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

16. (a) Informant Walter Beck

(b) Address 4611 Alaska

17. (a) Burial (b) Date thereof May 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 1 1946 (Date received local registrar)
J. F. Bredet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3,
year 1946 hour 7: minute 00, A. M.
21. I hereby certify that I attended the deceased from 2-1-46
to 4-29-1946
that I last saw her alive on 4-29-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 1 1/2
Due to _____
Due to _____

Other conditions Chronic nephritis
(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 Albert G. Grot (M. D. or other)
Address 3109 S. Grand Date signed 5/3/46

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

17043

Dr. A. J. Griet
3109 South Grand
1-3 P.M.

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..... *Max L. Wenzel*

Licensed Embalmer No..... *4170*

P. O. Address..... *5325 etaska*

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.