

FILED MAY 16 1946
318

Registration District No.

1003

State File No.

Registrar's No. 4055

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5419 S. Broadway
(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 F. Zeiss

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased Jan 24 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Hicks

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

14. Maiden name Unknown Eigen

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

16. (a) Informant Bessie M. Grate
(b) Address 5419 S. Broadway

17. (a) Cremation (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crem.

18. (a) Signature of funeral director Witt Bros & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAY 4 1946 J. F. Bredert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5419 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 8 minute 24 P. M.

21. I hereby certify that I attended the deceased from May 1 1946 to May 2 1946
that I last saw her alive on May 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 48 hrs

Due to arteriosclerosis Ch. Myocarditis Sclerosis 12 hrs

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 May Starbuck (M. D. or other) MD
Address 512 Dorell Date signed 5/2/46

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

2117
9/1/51

[Faint handwritten notes, possibly including "Washington" and "District"]

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..... *Edgar F. Witt*

License Embalmer No. *2117*

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.