

No. 2
1-2-43
5-17-39
I X39697

FILED 318 20 1946

Primary Registration District No. 1003

Registrar's No. 5093

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: 4353 Wilcox
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4353 Wilcox
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Robertson

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 Widow
6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 18 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 18 If less than one day
hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Fred Klemp
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant David Brown

(b) Address 4214 Schiller Place

17. (a) Burial (b) Date thereof 6/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director Wacker-Weldert

(b) Address 3634 Gravois Ave.

19. (a) JUN 7 1946 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1946 hour 7 minut 30 A. M.

21. I hereby certify that I attended the deceased from Mar 8 1944 to June 6 1946
that I last saw him alive on June 6 1946
and that death occurred on the day and hour stated above.
Immediate cause of death Chronic Myocarditis Duration ?

Due to Arteriosclerosis - Sclerosis Senescent
and Hypertension years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/5/46 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?
(Specify type of place)
While at work? (c) Means of injury

23. Signature St. Louis Schuchat MD
Address 2200 Chouteau ave Date signed 6-6-46

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

MOTHER FATHER

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.....

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.