

FILED JUN 26 1945
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5371

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:
Home for the Aged, 3400 So. Grand.,
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 Years, (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. Home for the Aged, 3400 So. Grand.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Annie Tepper,

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 27, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>-0-</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Frank Gallagher,

13. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

14. Maiden name Eileen O'Laughlin,

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Ste. Bernadette,

(b) Address 3400 So. Grand Blvd.,

17. (a) Burial, (b) Date thereof 6/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) JUN 17 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1946 hour 1:30 minutes A. M.

21. I hereby certify that I attended the deceased from June 4,
1946, to June 16, 1946,
that I last saw her alive on June 14, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Ch. 1946
Aortic Sclerosis 5 yrs

Due to _____
Due to Acute Tuberculous Peritonitis 10 day
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93
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)
Means of injury _____

23. Signature J. F. Bredek (M.D. or other) _____
Address 607 No. Grand Date signed 6/17/46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.