S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

24644

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25795

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6696

1. PLACE OF DEATH:

(a) County
(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: 5417 Itaska St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 5417 Itaska St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie R. Till

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 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 Oct. (Month) 17 (Day) 1863 (Year)

8. AGE: Years 82 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Lövinguth
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Madeline Mack
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant Elmer Till
(b) Address 5417 Itaska St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8 1 46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1946 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from 6/11/46, 19..., to 6/29/46, 19...; that I last saw her alive on 6/29/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to (left hemiplegia) 6/11/46
Due to Ca. cervix (1942) —

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 (M. D. or other)
Address 5523 S. Kingshighway Date signed 7/30/46

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Storzsand

Licensed Embalmer No. 4007

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.