

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED AUG 27 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7154

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:
Lutheran Boarding Home - 3652 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... LIFE.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3652 S. JEFFERSON
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country.....

3. (a) PRINT FULL NAME ANNA WISKER

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 W. 3

6. (b) Name of husband or wife EDWARD H.

6. (c) Age of husband or wife if alive = 22 years

7. Birth date of deceased JUNE 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 1 26 hr. min.

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

10. Usual occupation NILL

11. Industry or business.....

12. Name PATRICK RILEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Charlotte Lemond

(b) Address 6129 Victoria

17. (a) BURIAL (b) Date thereof Aug 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Benedictus James

(b) Address 1936 St. Louis Ave.

19. (a) AUG 19 1946 J. F. Briedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 31, 1946, to August 17, 1946.
that I last saw her alive on August 16, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Interstitial nephritis

Due to Cardiovascular renal disease

Other conditions Hypertensive heart disease
(Include pregnancy within 3 months of death)

Major findings: Cerebral hemorrhage July 30, 1946

Of operations.....

Of autopsy..... 1/2

Duration 5 days

1 wk

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) (e) Means of injury.....

23. Signature Walter C. Gray (M.D. or other) 9
Address 3800 So Broadway Date signed 8/17/46

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

28055

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.....

.....
working under my personal supervision.

Registered Apprentice No.

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.