

No. 2  
2-45  
17-39  
X47070

**FILED DEC 9 1946**  
**318**

**1000**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **10075**

**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:  
3548 Missouri Ave.  
(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 Schoellhammer  
**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** Carl **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** April 11th, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>12</u>	hr. min.

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

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** Retired

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

**16. (a) Informant** Ruth Schoellhammer  
**(b) Address** 3548a Missouri, St. Louis, Mo.  
**17. (a) burial** **(b) Date thereof** Nov. 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** New St. Marcus Cemetery

**18. (a) Signature of funeral director** Wacker-Heldrich W. & L. Co.  
**(b) Address** 3634 Gravois, St. Louis, Mo.

**19. (a)** NOV 26 1946 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 2417  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3548 Missouri Avenue 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month November day 23rd  
year 1946 hour 4 minute 00 P.M.

**21. I hereby certify that I attended the deceased from** Sept. 10, 1944  
to Nov. 23rd 1946  
that I last saw h. alive on Nov. 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Uteri with general Metastasis  
Duration about 2 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: HO  
(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** J. F. Brudeck (M. D. or other) MD  
3606 Gravois Date signed 11/25/46

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

MOYER 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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Glenn 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.**