

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42066  
Registrar's No. 3504

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Sullivan Nursing Home  
(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: Annie Mary Wallner

3. (b) If veteran, name war: No 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: Adolph Wallner 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: May 30 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation: Nil

11. Industry or business: \_\_\_\_\_

12. Name: Lorenz Gansz

13. Birthplace: Germany  
(State or foreign country)

14. Maiden name: Gmpe or Probelich

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

16. (a) Informant: Mrs. Annie Kelly

(b) Address: 1902 Cora Ave.

17. (a) Burial (b) Date thereof: 12-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetery

18. (a) Signature of funeral director: Cullinane Bros.

(b) Address: 3320 N. Kingshighway Blvd.

19. (a) 12-16-46 (b) Robt. J. Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 2574 Montgomery St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
year 1946 hour 5 minute 55P M.

21. I hereby certify that I attended the deceased from Oct 1, 1946  
1946 to Dec 13, 1946  
that I last saw her alive on December 13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration: 6 wks

Due to: Hypertension - 830

Due to: Arteriosclerosis

Other conditions: None  
(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: Lewis Littmann (M. D. or other) MD

Address: 8231 Clayton Rd. Date signed: 12/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.....

*Fred Frick*

Licensed Embalmer No..... 3186.....

P. O. Address... St. Louis, 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.**