No. 2
-12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11642

FILED MAR 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2519

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2210 MIAMI (REAR)
(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 MISSOURI (b) County .....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2210 MIAM I (REAR)
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ANNIE VINCENT
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 WIDOW
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased APRIL (Month) 15 (Day) 1880 (Year)
8. AGE: 66 Years 67 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.
9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation WIDOW
11. Industry or business AT HOME
MOTHER FATHER
12. Name ANTHONY SCHNIEDERS
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant ELMER VINCENT
(b) Address 2210 MIAMI (REAR)
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 12 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ OLD S.S. PETER + PAUL
18. (a) Signature of funeral director Thomas Kutis + Son
(b) Address 2906 GRAND
19. (a) MAR 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 9 year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Mar month 1947 to Mar 9th 1947 and that I last saw her alive on Mar 9th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Edema
Due to
Myocarditis, Chronic
Due to
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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. E. Rezmyk (M.D. or ~~other~~)
Address 3407 A So Jefferson Ave Date signed Mar 10, 1947

(Licensed Embalmer's Statement on Reverse Side)

Paul

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 Leo J. Budde

Licensed Embalmer No. 3989

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.