No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11699

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2587

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:
Jewish Hosp. 216 S. Kingshighway 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or Overland St Louis County 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8950 Argyle N.R. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Anna T Willenburg

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 Widdow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 4th 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	6	hr. min.

9. Birthplace Washington D.C. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Gabreal Kessler
13. Birthplace Germanty 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. L. Willenberg 1
(b) Address 8950 Argyle Overland Mo.

17. (a) Burial (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation New S. S. Peter & Paul Cem. Co

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3819-8 Grand Blvd

19. (a) MAR 11 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 10th
year 1947 hour 8/40 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar 3, 1947 to Mar 10, 1947
that I last saw her alive on Mar 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage. Left Hemiplegia.	7 days
Due to: Arteriosclerosis and Hypertensive cardiovascular disease	yrs.
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

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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 0

23. Signature Lawrence M. Kotner (M. D. or other)

Address 508 N Grand Date signed 3/11/47

(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 J Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address 4700 Washington

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.