

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11723
State File No.
Registrar's No. 3428

Registration District No. Primary Registration District No.

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:
3429a Ohio
(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 Rose Wolfsberger
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / race W 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased June 2 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 28 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Mathaeis Wolfsberger

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

14. Maiden name Rose Limestoll

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

16. (a) Informant Lily Wolfsberger

(b) Address 3429a Ohio

17. (a) Burial (b) Date thereof 4-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem

18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec st.

19. (a) MAR 31 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 3429a Ohio
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1947 hour 3 minut 30 A. M.
21. I hereby certify that I attended the deceased from March 24th 1947 to March 30th 1947
that I last saw her alive on March 29th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Cerebral Hemorrhage 5 days
Due to.....
Hypertension, arterial
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?
While at work?..... (Specify type of place) (Means of injury)
23. Signature [Signature] (M. D. or other)
Address 3407 A 20 Jefferson Ave Date signed 3-31-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

34075. Joseph Williamson
2-7-70 4 PM '70

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis

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.