S. No. 2
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P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15047

Primary Registration District No. 1003

Registrar's No. 4302

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: 3240a Itaska Ave. (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 DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 15 17

(d) Street No. 3240a Itaska Ave. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Anna Esswein

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 Joseph

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

7. Birth date of deceased Jan. (Month) 23 (Day) 1868 (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Frank Spinner

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER 14. Maiden name Mary Dechant

15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Joseph Esswein

(b) Address 3238 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) APR 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1947 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1946, 19, to 4-24-, 1947, that I last saw her alive on 4-24-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Carcinoma of Breast

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) above.

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 Ernie A. Barth M.D. (M. D. or other)

Address 1901 Cherokee Date signed 4-25-47

(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 me, Registered Apprentice No., working under my personal supervision.

Signed Joe B. Berry

Licensed Embalmer No. 4248

P. O. Address 2842 Meramec St.

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.