

FILED JUL 7 1947  
318

Primary Registration District No. 1003

Registrar's No. \$157

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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 1 mo. 15 ds.  
(Specify whether  
In this community..... 49 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Francis 96  
(c) City or town..... Pinelawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3907 Manola Ave  
H.R. (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... ANNA BULTITUDE (WILMES)

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

4. Sex..... Female 5. Color or race..... white  
6. (a) Single, widowed, married, divorced..... Mar.  
6. (b) Name of husband or wife..... Thomas 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... August 19, 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 10 8 hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... George Engle  
13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Frances Krasmer  
15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Clara Robinson  
(b) Address..... 5400 Arsenal St.

17. (a) Burial (b) Date thereof..... 6 30 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Resurrection Cem.

18. (a) Signature of funeral director..... Kriegshauser Und. Co.  
(b) Address..... 4228 So. Kingshighway Bl.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 27  
year..... 1947 hour..... 8.15 minute..... A M.

21. I hereby certify that I attended the deceased from..... May 12, 1947 to..... June 27, 1947; that I last saw her alive on..... June 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hypertensive Encephalopathy 5/12/47x  
Due to.....  
Hypertensive Heart Disease 3/12/47x  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause of 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..... Jack R. Eidelman (M. D. or other)  
Address..... 5400 Arsenal St. Date signed.....

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

MOTHER FATHER

*ml*

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 *Richard W. Stovesand*  
.....  
Licensed Embalmer No. *4007*

P. O. Address.....

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.