No. 2
-1/47
-17-39.

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

FEDERAL SECURITY AGENCY
Bureau of Office of Vital Statistics
FILED AUG 15 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25267
Primary Registration District No. 1003
Registrar's No. 7410

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/4/46 - 8/6/47 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State State of Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street 9
(If rural, give location) 13 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Loretto Anton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 6, 1889 (Month) (Day) (Year)
8. AGE: 58 Years Months 9 Days 29 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Peter Summers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bertha Hoefner
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant City Rinfirmary Records
(b) Address 5800 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/'47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) AUG 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1947 hour 6:10 A.M minute M.
21. I hereby certify that I attended the deceased from 4/14/46, 19, to 8/5/47, 19; that I last saw her alive on 8/5/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident multiple
Due to old and recent hypertention
Due to left psychosis
Other conditions Hemiplegia
(Include pregnancy within 3 months of death) Senile psychosis
Major findings:
Of operations
Of autopsy not obtained

Duration: long duration

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? Means of injury 0
23. Signature M. R. Thomas (M.D. or other)
Address 5600 Arsenal Date signed 8-6-47

Jefferson City Printing Co.
(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.