

FILED AUG 15 1947 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 7208

1. PLACE OF DEATH:

(a) County MISSOURI  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. ANTHONY'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WEEKS  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOON  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2726 ACCOMAC 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA STURM

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 WIDOW  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAY 10 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 2 21 hr. min.

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name BENNO MOSER

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

14. Maiden name UNKNOWN

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

16. (a) Informant ANDREW STURM

(b) Address 2726 ACCOMAC

17. (a) BURIAL (b) Date thereof AUG 4 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION, MO.

18. (a) Signature of funeral director Thomas Kuti, Jr.  
(b) Address 2906 BRAVOIS

19. (a) AUG 2 1947 (b) J. F. Breder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31  
year 1947 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 25 Feb  
1947 to 31 July 1947  
that I last saw her alive on 30 July 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis Duration \_\_\_\_\_  
Myocarditis 5+ yrs  
Due to Cornary Artery Disease 6 mo

Due to \_\_\_\_\_

Other conditions Myocarditis-Chronic  
(Include pregnancy within 3 months of death)  
VARICOSE VEINS.

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) (e) Means of injury \_\_\_\_\_

23. Signature Charles D. Dexter (M. D. or nurse)  
Address 5700 S. Compton Date signed 1 Aug 47

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

MOTHER FATHER

12 June 1930

5600 P. O. Address  
PL 166-24

**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..... *Harmon C. Bell* .....

Licensed Embalmer No. *4347* .....

P. O. Address..... *2906 Travis* .....

**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.**