No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29357

Primary Registration District No. 1003

Registrar's No. 8304

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: St. Anthony's Hospital
(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)

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. 4908 Sutherland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Mary Amanda Nansen
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 February 27 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	2	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Herman H. Holtmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Freese
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Theo W. Eggers
(b) Address 4908 Sutherland Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Jefferson Bros
(b) Address 6409 Gravois Ave
19. (a) SEP - 1 1947 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day August year 1947 hour 3:45 minute A.M.
21. I hereby certify that I attended the deceased from Aug 4, 1947 to Aug. 29, 1947 that I last saw h. alive on Aug 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Arteriosclerotic heart disease	
Due to: Congestive heart failure	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation
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) None
(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 0
23. Signature R. V. Pauel (M. D. ~~or other~~)
Address 3720 Washington Date signed 8-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr R.V. Powell
Beaumont Bldg
Jr. ~~6583~~ 6853
1 to 4

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.