S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33167

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9581

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

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 17 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 7523a Michigan Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ANNA MARIE WISELY

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 married

6. (b) Name of husband or wife Edgar Wisely

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August (Month) 14 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	—	24	hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name George Messmer
13. Birthplace (City, town, or county) Hungary (State or foreign country) 4

MOTHER
14. Maiden name Anna Besh
15. Birthplace (City, town, or county) Hungary (State or foreign country) 4

16. (a) Informant Edgar Wisely
(b) Address 7523a Michigan Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) SEP 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
year 1947 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1947 to Sept. 8, 1947
that I last saw her alive on Sept. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Menia

Due to Chr. Glomerular Nephritis

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

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 None

(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 S. H. Mayo M.D. (M. D. or other) MD

Address 3606 Gravois Ave. Date signed 9-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Marzno
3606 Grand
1-4

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis Mo

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.