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 MAR 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10799 2666

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 4408 Arsenal St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4408 Arsenal St. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 16 0
If yes, name country

3. (a) PRINT FULL NAME Annie Wander
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 married
6. (b) Name of husband or wife Arthur
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 21, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	6	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name John Bayersdoerffer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Caroline Grob
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Arthur Wander
(b) Address 4408 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.
19. (a) MAR 17 1948 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17th. year 1948 hour 1:55 minute A. M.
21. I hereby certify that I attended the deceased from Feby 15, 1948 to Mar 17, 1948 that I last saw h[illegible] alive on Mar 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	
Due to Advanced age	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypostasis	
Major findings: Of operations 97	
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 0
23. Signature [illegible] (M. D. or other) MD
Address 1504 S. Grand Date signed 3/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1504 Cramer

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 Francis Williamson

Licensed Embalmer No. 3565

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.