

FILED APR 23 1948

Registration District No. **18**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1605 Missouri
(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)

3. (a) PRINT FULL NAME Anna Francis

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-6454

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 7 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Laundry Worker

11. Industry or business Louisa Beutnagel

12. Name Germany

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

14. Maiden name Illinois

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

16. (a) Informant Lottie Berger

(b) Address 1214 Temple Pl

17. (a) Burial (b) Date thereof 4/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N St Marcus Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) APR 15 1948 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gas
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1605 Missouri
23 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from July 10 1947 to April 12 1948
that I last saw her alive on April 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation Duration 2 ho

Due to Indigestion 2 Day

Other conditions (Include pregnancy within 3 months of death) 17.0

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) (c) Means of injury 10

23. Signature J. F. [Signature] (M. D. or other) MD

Address 2801 Chestnut Date signed 4-15-48

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

MOTHER FATHER

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. 1027 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.