

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5208 Alabama
(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 Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5208 Alabama St.
(If rural, give location)
(e) Citizen of foreign country? 15- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Duettmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 8 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Desoto Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Henry Euler
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Born
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant August Duettmann

(b) Address 5208 Alabama St.

17. (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo. City Cemetery

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 30 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 5:10 minute 10 AM

21. I hereby certify that I attended the deceased from May 21, 1948, to July 29, 1948
that I last saw him alive on July 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2.5 MO

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8 2 1

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____

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 1

23. Signature Bernard Duettmann (M. D. or other) MD
Address 3701 Shadel St Date signed 7-30-48

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

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.