No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41703

State File No. .....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11204

WRITE PLAINLY—USE 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: 3906 FEDERER PL.
(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 Mo. (b) County .....

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

(d) Street No. 3156 WATSON
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA E MYERS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEM

5. Color or race Wh

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MAR.

6. (b) Name of husband or wife ANTHONY

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

7. Birth date of deceased DEC (Month) 16 (Day) 1886 (Year)

8. AGE: Years 62 | Months 0 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name PETER LANGA
13. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY SIEMER
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Anthony MYERS
(b) Address 3156 WATSON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER & PAUL

18. (a) Signature of funeral director E J Schnur
(b) Address 3125 Lafayette

19. (a) DEC 27 1948 (Date received local registrar) (b) J B Lasalle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 24
year 48 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 16 49, to Dec 24 48
that I last saw her alive on Dec 20 48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Sudden Death
Due to Angina Pectoris Coronary Sclerosis 2 yrs
Due to Arterio Sclerosis 2 yrs
Due to Cardio Sclerosis 1 yr

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

94

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E R Beck (M. D. or other)
Address 607 16 Grand Date signed 12/27/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.