

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20124**
Registrar's No. **5797**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS Mo**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. ANTHONY HOSPITAL**

e. STREET ADDRESS (If rural, give location) **2769 3540 - PESTALOZZIO**

3. NAME OF DECEASED
(Type or Print) a. (First) **ANNA** b. (Middle) **KRAMER** c. (Last) **ALFELD**

4. DATE OF DEATH (Month) (Day) (Year) **JUNE 27 1954**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **JUNE 28 1876**

9. AGE (In years last birthday) Months Days Hours Min. **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **WIDOW**

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **GERMANY**

12. CITIZEN OF WHAT COUNTRY? **4**

13a. FATHER'S NAME **ANDREW WINNER**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **HENRY ALFELD (DEC'D)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **HARRY KRAMER 3540 PESTALOZZIO**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **ARTERIOSCLEROSIS GENERALIZED**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **DIABETES MELLITUS.**

INTERVAL BETWEEN ONSET AND DEATH
unk
unk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4280**

22. I hereby certify that I attended the deceased from **2 JUL 1954** to **JUNE 27, 1954**, that I last saw the deceased alive on **JUNE 27, 1954**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert S. Warner M.D.**

23b. ADDRESS **818 OLIVE ST ST L MO**

23c. DATE SIGNED **6/28/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **JUNE 30 1954**

24c. NAME OF CEMETERY OR CREMATORY **SUNSET BURIAL PK.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS Mo**

DATE REC'D BY LOCAL REG. **JUN 28 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutis 2906 Garrison**

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo J Budd*.....
Licensed Embalmer No. *398*.....
P. O. Address *H. Low*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.