

13-40
7-39
X23159

MO AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

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:
St. Anthony's Hospital
(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 Joseph Wernig **652**

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Aug. 15th 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Darm Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk at Busy Bee Store

11. Industry or business Candy and sweet shop

12. Name Unknown Wernig

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

14. Maiden name Unknown

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

16. (a) Informant Erwin J. Wernig

(b) Address 5858 Neosho St.

17. (a) Burial (b) Date thereof 7-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 29 1940 (b) J. F. Bredeck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis **15.**
(If outside city or town limits, write "RURAL")
(d) Street No. 4439 Virginia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th ?
year 1940 hour 7:47 minute A.M. M.

21. I hereby certify that I attended the deceased from July 26
1940, 19 _____, to July 27, 19 40
that I last saw him alive on July 27, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema **36 hrs**

Due to Nephritis, parenchymatous
chr meteos chronic
Due to Fibrosis of liver

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

Major findings: _____
Of operations _____
Of autopsy above

Duration **36 hrs**
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) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) **M. D.**

Address 506 Olive Date signed 7/29/40

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 *Erwin A. Permutt*

Licensed Embalmer No. *3024*

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.