

D. 2  
K21492

SEP 25 1940

State File No.

791

1003

6627

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2222 Menard St.  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 68 years  
In this community 68 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Woerner  
(b) If veteran, name war.....  
(c) Social Security No.....

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

6. (b) Name of husband or wife Martin Woerner 6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased Aug. 28 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home.

12. Name Ambrose Reiss  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Manger  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ottilla woerner  
(b) Address 2222 Menard

17. (a) Burial (b) Date thereof Aug 5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B.S. Peyer & Payer

18. (a) Signature of funeral director Phos. Stetis & Son  
(b) Address 2906 Gravois

19. (a) AUG 4 1940 (b) J. P. Brudick  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2222 Menard St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 68 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd  
year 1940 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from July 3rd at 1940 to Aug 2nd 1940  
that I last saw her alive on Aug 2nd 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery  
left hemiplegia Duration 3 days

Due to Hypertension 12 yrs.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN [Signature]  
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 [Signature] (M. D. or other) M.D.  
Address 3548 S. Grand Date signed 8/3/40

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

MOTHER FATHER

Dr. Weinberg  
35485 Grand

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 \_\_\_\_\_

*Leo Budd*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Leo Budd*

Licensed Embalmer No. 3989

P.O. Address St. Louis

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, above space should be left blank.