

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7739**

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:  
**5894a Wabada Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2**  
(Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME **Anna Werner.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **January 16th. 1882.**  
(Month) (Day) (Year)

AGE:		Years	Months	Days	If less than one day
		<b>58</b>	<b>7</b>	<b>28</b>	.....hr. ....min.

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

10. Usual occupation **Chair wrapper, Unemployed**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Werner.**

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

14. Maiden name **Caroline Lochmueller.**

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

16. (a) Informant **Mrs. Fred Rider.**

(b) Address **5894a Wabada Ave.**

17. (a) **Burial.** (b) Date thereof **9-17-40.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters cem.**

18. (a) Signature of funeral director **H. Lidner and Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **SEP 16 1940** (b) **J. J. Probst**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....

(c) City or town **St. Louis.** **6**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5894a Wabada Ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **14<sup>th</sup>** year **1940** hour **3** minute **20 a.m.**

21. I hereby certify that I attended the deceased from **Sept 1st**, 1940, to **Sept 13<sup>th</sup>**, 1940, that I last saw her alive on **Sept 13<sup>th</sup>**, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix Uteri**

Due to.....

Due to.....

Other conditions **Cerebral emboli**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 **Arnold S. Klein M. D.** (M. D. or other)  
Address **2632 S. Kingshighway** Date signed **9/16/40**

Duration **3 years**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Blair, La 7475  
2632 St. Kinghighway  
1-3 P.M. Monday

**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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

**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.**