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DEPARTMENT OF COMMERCE
BUREAU OF THE **STANDARD CERTIFICATE OF DEATH**
MISSOURI STATE BOARD OF HEALTH

36378

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2060

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7626 Natural Bridge Rd. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Immaculate Heart
(Specify whether Home)

In this community Home
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 7626 Natural Bridge
(If rural, give location)

Immaculate Heart Home

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

3. (a) PRINT FULL NAME Caroline Werckman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct. 30, 1940, to Nov 1, 1940,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Mar. 4 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 3 days

Due to Arterial Sclerosis

8. AGE: Years Months Days If less than one day

65	7	27	hr. min.
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Due to _____

Other conditions 8221
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None 6

11. Industry or business _____

12. Name Geo. C. Werckman 7

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

14. Maiden name Mary A. Stix

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Geo. Wanstrath

(b) Address 3959 Roland Dr.

17. (a) Burial (b) Date thereof 11-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cem.

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

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 2 1940 (b) H. R. Meyer
(Date received) (Registrar's signature)

23. Signature C. S. Connor (M. D. or other) 1

Address 1316A on Grand Date signed Nov 2-41

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

1316 - W. Brouard
10-12-47

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

A. R. Thompson

Registered Apprentice No.

248

working under my personal supervision.

Signed

A. M. Sanford

Licensed Embalmer No.

2273

P. O. Address

Thomson's

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.