

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37096**
Registrar's No. **9369**

Registration District No. **7911**

Primary Registration District No. **1003**

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

I. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4102 N 20 Th Str **2**
(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 Johanna Wacker

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

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

6. (b) Name of husband or wife George Walker 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 16 Th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 ----- 4 --- 15 -- hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Baltazar Jokerst

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

14. Maiden name Catherin Kuenn

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

16. (a) Informant Mrs Ella Schniedermeyer

(b) Address 4102 N, 20 Str 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof November 16 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) NOV 14 1940 (Date received local registrar) (b) Ed F. Bruders (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St Louis Mo **9**
(If outside city or town limits, write "RURAL")
(d) Street No. 4102 N 20 Str
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 Th 1940 year hour 10/30 minute A, M M.

21. I hereby certify that I attended the deceased from Nov 11th, 1940, to Nov 13, 1940, that I last saw her alive on Nov 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Influenza
Due to.....

Other condition Primitivity
(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 Edw F Bruders (M. D. or other) MO
Address 4356 N 14th Date signed 11/14/40

Duration
30da
4da

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

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay -

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, above space should be left blank.