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3-40  
7-39  
K23158

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1608

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4206 Juniata Ave.  
(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 Almyra Joern

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

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

6. (b) Name of husband or wife Herman Joern 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 7, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 9 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name William Powell

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

14. Maiden name Unknown

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

16. (a) Informant Herman Joern  
(b) Address 4206 Juniata Ave.

17. (a) Burial (b) Date thereof 2-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Grand Blvd.

19. (a) FEB 19 1941 (b) J. W. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4206 Juniata Ave. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
year 1941 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1940 to 2/16, 1941  
that I last saw him alive on 2/15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis

Due to Myocarditis

Due to Arterio Sclerosis

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 61 19 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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. W. Bredek (M. D. or other) \_\_\_\_\_

Address 2902 California Date signed 2/17/41

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

**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 Virgil L. Berryman  
Licensed Embalmer No. 4018  
P. O. Address St. Louis Mo.

**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.**