

FILED JUL 13 1942 791

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 5478

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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:  
2611 Park Avenue /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2611 Park Avenue  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elise Wuerz

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. Oct. 1st 1854  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER {

12. Name Unknown Nagel

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

14. Maiden name Unknown

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

16. (a) Informant Henny A. Hoffler

(b) Address 1808 Olive St.

17. (a) Entombment  
(Burial, cremation, or removal)

(b) Date thereof June 27, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 S. Grand Blvd.

19. (a) JUN 26 1942 (b) J. J. Boudock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th  
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6/20/42  
1942 to 6/25/42 1942  
that I last saw her alive on 6/20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Chronic  
Arteriosclerosis

Due to Arteriosclerosis

Due to Arteriosclerosis

Duration  
3 yrs  
?

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

20 yrs

Major findings: no

Of operations no

Of autopsy no

PHYSICIAN  
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) 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? no (Specify type of place)

(e) Means of injury 0

23. Signature A. Shauler (M. D. or other)

Address 1514 S. Jefferson Ave Date signed 6/26/42

JUL 28 1942

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.....

*Howard H. Rawls*

Licensed Embalmer No..... *3114*

P. O. Address..... *Pt Lavis, 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.