S. No. 2
M—9-4-41
y. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29284

Registrar's No. 8059

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:
St. Lukes Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1191
(If outside city or town limits, write "RURAL")

(d) Street No. 3701 Lindell 1
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosa Werner

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 Widowed

6. (b) Name of husband or wife Robert

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

7. Birth date of deceased Feb. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 77 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name John Harper
13. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Walters
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Elly Pannell
(b) Address 3701 Lindell

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 21, 1942 to Sept 27, 1942
that I last saw her alive on Sept 26, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Colitis Acute uremia	5 days
Due to Hypertension	2 yrs
Due to arteriosclerosis	—
Other conditions Carcinoma of breast (Include pregnancy within 3 months of death)	?

Major findings:
Of operations

Of autopsy Colitis Hypertrophy Cholecystitis Carcinoma of breast

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Crossman (M. D. or other) M. D.
Address 4011 Blair Ave. Date signed 9/28/42

(Licensed Embalmer's Statement on Reverse Side)

4011 Blair
7-8 Ch 3992

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 Clarence Kochow, Registered Apprentice No. ..... working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Merame

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.