

FILED DEC 1 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9737**

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:
6308 Tennessee 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 **30 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6308 Tennessee Avenue**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

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3. (a) PRINT **Katherine Hoerner**
FULL NAME

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 **2** **widowed**
6. (b) Name of husband or wife **Jacob** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **July 19, 1870**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **-** If less than one day
hr. min.

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

10. Usual occupation **Housework at home**

11. Industry or business **6308 Tennessee Avenue**

MOTHER FATHER

12. Name **Henry Weitzel**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Hoerner**
(b) Address **6308 Tennessee Avenue**

17. (a) **Burial** (b) Date thereof **Nov. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Marcus Cem.**
18. (a) Signature of funeral director **Fendler Und, Co.**
(b) Address **7420 Michigan Avenue**

19. (a) **NOV 23 1942** (b) **J. F. Buebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**
year **1942** hour **8:00** minute **A** M.

21. I hereby certify that I attended the deceased from **11-17-42**
to **11-19-42**

that I last saw her alive on **11-18-42**
and that death occurred on the date and hour stated above

Immediate cause of death **Subarachnoid hemorrhage**
Duration **2 days**

Due to **Hypertension**
arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

(e) Specify type of place (f) Means of injury
23. Signature **W. W. ...** (M.D. or other) **M.D.**
Address **6039 Virginia** Date signed **11-19-42**

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

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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 *Mary E. Jendler*
Licensed Embalmer No. *4448*
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.