No. 2
—5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4914

State File No.

FILED MAR 15 1943

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 1959

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:
4505 Washington 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12 N

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

(d) Street No. 4505 Washington Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Addie Jane Werntz

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 Married

6. (b) Name of husband or wife Henry C. Werntz

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 20 (Day) 1873 (Year)

8. AGE: Years 69 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Paducah (City, town, or county) Ky. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William N. Green
13. Birthplace (City, town, or county) Ky. / (State or foreign country)

MOTHER
14. Maiden name Martha Hill
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henry C. Werntz
(b) Address 4505 Washington Ave.

17. (a) Burial (Burial, cremation, removal) (b) Date thereof 3-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 26
year 1943 hour 8 minute 35 A M.

21. I hereby certify that I attended the deceased from January 4, 1943, to February 26, 1943
that I last saw her alive on Feb 25 1943, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia (Lobar type)	17 hours
Chronic Myocarditis	
Due to a Hypertension	12 yrs
Cardiac Psychosis	
Due to Hypertension & Myocarditis	16 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 462 Mo Taylor Date signed 2/27/43

(Licensed Embalmer's Statement on Reverse Side)

462 N Thompson
12:30 to 2 P.M.

MAY 24 1957

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 Elliot A. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address.....

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.