

FILED MAY 3 1943 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 3845

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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: Josephine Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, 17
 (If outside city or town limits, write "RURAL") 9/6
 (d) Street No. 3740 Gravois Avenue
 (If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Anna Mary Werthmann
 (b) If veteran, name war -- (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 22
 year 1943 hour 4 minute 00 P.M.

4. Sex Female / race White /
 5. Color or race White /
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Werthmann
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased August 6, 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-20-19 to 4-22-19 4:30 P.M.
 that I last saw her alive on 4-22-19 4:30 P.M.
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 75 8 16 hr. min.

Immediate cause of death Strangulated Hernia
 Duration 10 hours

9. Birthplace Liberty, Illinois /
 (City, town, or county) (State or foreign country)

Due to former surgery 15 years ago
 Due to 50

10. Usual occupation Home

Other conditions Carcinoma right breast 1yr
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business
 12. Name John A. Ludolf
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna B. Weiss
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations Double looped strangulation
 Of autopsy none
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Werthmann
 (b) Address 3740 Gravois Avenue
 17. (a) Burial (b) Date thereof 4 26 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation National Cem. Jefferson Barracks Missouri

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

18. (a) Signature of funeral director Walter E. Abell
 (b) Address 3634 Gravois Avenue
 19. (a) APR 26 1943 J. F. [Signature]
 (Date received local registrar's certificate) (Registrar's signature)

23. Signature Walter E. Abell (M. D. or other) Med
 Address 2253 No 394 Date signed 4-23-43

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.....

Frank J. Ireland

Licensed Embalmer No.

P. O. Address.....

*2675
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.