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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4422
Registrar's No.

MAY 19 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 1218 Hebert St.
(d) Length of stay: None
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1218 Hebert St.
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10th
year 1943 hour 7:00 PM minute 40 P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. William F. Werremeyer
6. (c) Age of husband or wife if alive. 50 years

that I last saw h..... alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Flammable gas poisoning when deceased was found in kitchen of her home with gas stove burners turned on May 10 1943 about 7:40 PM

8. AGE: Years Months Days If less than one day
56 7 10 hr. min.

Due to _____
Other conditions (include pregnancy within 3 months of death) 163H

9. Birthplace Belleville Ills.
10. Usual occupation At home

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Brendel
13. Birthplace Switzerland
14. Maiden name Unknown
15. Birthplace Berlin Germany

22. If death due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence May 10 1943
(c) Where did injury occur? at home
(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 Gas

16. (a) Informant William F. Werremeyer
(b) Address 1218 Hebert St.
17. (a) Burial (b) Date thereof 5/14/43
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAY 12 1943 (b) J. J. Budeck

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 Francis A Williamson
Licensed Embalmer No. 3565
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.