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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 24 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1631

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST MARYS O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 WKS.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town OVERLAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8672 ARGYLE  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PEARL BERTHA WOERTHER

3. (b) If veteran, name war NO 3. (c) Social Security No. N.O.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife EVERETT 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased APRIL 9 1912  
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS COUNTY MO. O  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name FRED C DEUSER

13. Birthplace ST. LOUIS CO. MO. O  
(City, town, or county) (State or foreign country)

14. Maiden name EMILIE DRIEMEYER

15. Birthplace ST. LOUIS MO. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Woerther

(b) Address 8672 Argyle

17. (a) Burial (b) Date thereof July 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Ballwin, Mo.

19. JUL 17 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13  
year 1943 hour 1 minute 25 A.M.  
21. I hereby certify that I attended the deceased from May 16 1943 to July 13 1943  
that I last saw her alive on July 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Summer of Brain malignant  
Due to \_\_\_\_\_  
Due to 54

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations Same  
Of autopsy Same

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address 4952 Maryland Date signed 7/16/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

11 Am  
4952 Maryland

7047

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

**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 *William T. Hiron*.....

Licensed Embalmer No. *4319*.....

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.**