

FILED JAN 20 1945

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

332

1. PLACE OF DEATH:

(a) County _____
 (b) City or town city of St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthonys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life
 years, months or days

3. (a) PRINT FULL NAME Henry W. Wermeier

3. (b) If veteran, name war none
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Caroline Wermeier
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 23 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 18 hr. _____ min.

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

10. Usual occupation dry goods business11. Industry or business retired 3 years

12. Name Henry Wermeier
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Schulerberg
 (City, town, or county) (State or foreign country)

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Caroline Wermeier
 (b) Address 3937 Meramec St.

17. (a) burial (b) Date thereof 1-15-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem
 18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blyd.

19. (a) JAN 12 1945 (Date received local registrar)
J. F. Bradach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town city of St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3937 Meramec Street
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
 year 1945 hour 11:00 minute 3 a.m.

21. I hereby certify that I attended the deceased from 9-12-44
 19_____, to 1-11-45, 19____;

that I last saw him alive on 1-11-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia Pneumia Duration 9 Mo.

Due to _____

Due to _____

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? _____

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

23. Signature John J. Ryan (M.D. or other) M.D.Address 2402 N. Grand Date signed 1-12-45

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..... *Virgil L. Berryman*
Licensed Embalmer No. *4018*
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.