

S. No. 2
M-5-43
5-17-39
I X26871

FILED JUN 7 1945

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1182**

1. PLACE OF DEATH

(a) County **ST LOUIS COUNTY Mo**

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mother Of Good counole Home
(If not in hospital or institution, write street number or location)
5835 Natural Bridge

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**

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

(d) Street No. **3158 Iowa Ave**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Caroline Wolfender**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Wid.**

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

7. Birth date of deceased **April 30 1871**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **19** year **1945** hour **12/45** minute **A. M.**

21. I hereby certify that I attended the deceased from **May-1st 1945** to **May-17th 1945** that I last saw her alive on **May-17th-1945** and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **00** Days **19** If less than one day _____ hr. _____ min.

Immediate cause of death **Chr Cardio Vascular Renal disease- Senile dementia Sec: Uremia & Coma**

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **11**

10. Usual occupation **At home**

Due to **Died in the home of the incurable.**

11. Industry or business _____

12. Name **Michel Hommer**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **11**

14. Maiden name **Not known**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **11**

Other conditions (include pregnancy within 3 months of death) **1310**

16. (a) Informant **John W. Wolfender**

(b) Address **3158 Iowa**

Major findings: Of operations **None.** Of autopsy **No**

PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **5-22-45** (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul Cem**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **Illness**

(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? _____

18. (a) Signature of funeral director **George Bernhill Funeral Home**

(b) Address **3819 S Grand Blvd**

19. (a) **5-21-45** (Date received local registrar) (b) _____ (Registrar's signature)

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

23. Signature **Subst. Bernhill** (Date or other) _____

Address **3218 Jennings Rd** Date signed _____

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

318 Jennings Rd

90
7/45

109

OCT 23 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.

JUN 8 1945

Signed

Francis 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.