

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38656**
Registrar's No. **27301**

Registration District No. **319** 1945

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Res: 7530 Milan Ave.,
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town University City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7530 Milan Ave., 5
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME EMMA WERNER.

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

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

6. (b) Name of husband or wife None. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan'y 24, 1859.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 2nd,
year 1945. hour 5 minute 2. M.

21. I hereby certify that I attended the deceased from Nov. 19th
19 45 to Dec. 2, 19 45
that I last saw h. her alive on Nov. 30th 19 45
and that death occurred on the date and hour stated above.

8. AGE: — Years	Months	Days	If less than one day
<u>86.</u>	<u>10.</u>	<u>2.</u>	hr. _____ min.

Immediate cause of death Hypertensive cardiovascular Disease Duration Several years

Due to _____

Due to _____

9. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

Other conditions Inanition
(include pregnancy within 3 months of death)

Major findings: None 930

Of operations None

Of autopsy None

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Werner.

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

14. Maiden name Hedwig Gourour.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Courtney Werner.

(b) Address 5424 Cabanne Ave.,

17. (a) Cremation. (b) Date thereof 12/3/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.

19. (a) DEC 3 (b) 1945 (c) [Signature]
(Date received local registrar) (Year) (Registrar's signature)

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? _____

(Specify type of place) _____ (e) Means of injury D

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 12/3/45

Dr. Malone C. Stroud.
University Club Bld'g.,
FR: 2828.
Hrs 8-12

DEC 27 1945

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.