

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
1310 S. 6 th St.  
 (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 Mo. (b) County \_\_\_\_\_

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

(d) Street No. 1310 S. 6th St  
 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HENRIETTA JOERNS

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

7. Birth date of deceased Mar. 27, 1873  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 30  
 year 1946 hour \_\_\_\_\_ minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 0 Days 3 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_  
Coronary Sclerosis  
Arterio Sclerosis  
942

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Joerns

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

14. Maiden name Unknown

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

**PHYSICIAN**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Julia Gerst

(b) Address 7463 Manchester Ave. Maplewood, Mo

17. (a) Burial (b) Date thereof April 2, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo

19. (a) APR 1 1946 (b) J. F. Bredeck  
 (Date received local registrar's certificate) (Registrar's signature)

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)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Robert G. Berry (M. D. or other) \_\_\_\_\_  
 Address Robert G. Berry Date signed 4/1/46

**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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.**