

Registration District No.

Primary Registration District No.

FILED MAR 18 1946
318

1003

2246

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days Memorial
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 19
(d) Street No. 6817 S. Broadway 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

RHODA WERCKMANN

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 Married

6. (b) Name of husband or wife Louis J. Werckmann

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

7. Birth date of deceased August 6, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 0
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis J. Werckmann

(b) Address 6817 S. Broadway

17. (a) Burial (b) Date thereof 3-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

Southern Funeral Home

18. (a) Signature of funeral director 6322 S. Grand Blvd.

(b) Address

19. (a) MAR 7 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1946 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from 3/3/46
to 3/6/46
that I last saw her alive on 3/6/46
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Vascular Accident
Pass. Hemorrhage left hemisphere stroke artery 2 inches

Due to Hypertension ? Hour

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 exact place) (e) Means of injury

23. Signature of J. F. Bredeck 3/7/46
Address 1515 Lafayette Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

James T. Sinkley
3653

Licensed Embalmer No.....

P. O. Address.....

St. Louis -

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.