S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29774

Registration District No. 317 — Primary Registration District No. 3068 — Registrar's No. 1675

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7133 Lanham Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 7133 Lanham Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Annette Werthmuller
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Harry Werthmuller
6. (c) Age of husband or wife if alive: Dec'd years
7. Birth date of deceased: 11/19/1888 (Month) (Day) (Year)

8. AGE: Years 58 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business .....

MOTHER FATHER
12. Name: Richard Heimann
13. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
14. Maiden name: Unknown Vanderveort
15. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Harriet Hagemeyer
(b) Address: 6716 Clayton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Robert J. Ambruster Inc
(b) Address: 6633 Clayton Road
19. (a) 8-11-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th, year 1947 hour 10.30 minute A.M.
21. I hereby certify that I attended the deceased from 1-21, 1947, to 8/7/47, 19.....; that I last saw her alive on 8/7/47, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	24 years
Due to: —	
Due to: —	
Other conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of 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)
While at work? — (e) Means of injury: —
23. Signature: Vincent Hommend (M.D. or other) MD
Address: 3101a Sutton Ave Date signed: 8/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.