S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40319

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10750

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

1. PLACE OF DEATH:
(a) County —
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7 (If outside city or town limits, write "RURAL")
(d) Street No. 475 E. LOCKWOOD 4 (If rural, give location)
N.R. 1
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME IDA SOPHIA WERNECKE
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 MARRIED
6. (b) Name of husband or wife HERBERT H. WERNECKE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JUNE 27 (Month) — 1899 (Day) (Year)

8. AGE: Years 48 Months 4 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace NEWTON (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
FATHER
12. Name ERNEST BRUCKSCHEN
13. Birthplace NEWTON (City, town, or county) WISCONSIN (State or foreign country)
MOTHER
14. Maiden name MINNIE EBERHART
15. Birthplace NEWTON (City, town, or county) WISCONSIN (State or foreign country)
16. (a) Informant HERBERT H. WERNECKE
(b) Address WEBSTER GROVES-MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-24-1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAULS CHURCHYARD
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 21 year 1947 hour 9 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to NOV 21 1947 that I last saw her alive on NOV 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis — Duration
Due to Obstructive Jaundice
Due to Post operative Common duct obstruction
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Acute Hepatitis Localized Peritonitis

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 0

23. Signature John W. Hotz (M. D. or other)
Address 714 University Club Bldg Date signed 11-22-47

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

**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.**