

FILED DEC 15 1947 **318**

Primary Registration District No. **1003**

Registrar's No. **11182**

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.....
218 W. Steins St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No..... **218 W. Steins St.**
(If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Emma P. Wernet**

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. **Married**
6. (b) Name of husband or wife. **Jacob** 6. (c) Age of husband or wife if alive. **59** years
7. Birth date of deceased. **January 21 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 **10** **14** hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business..... **Louis Kull**

12. Name..... **St. Louis Co. Mo.**
13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name..... **Lena Schmitt**

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

16. (a) Informant..... **Jacob Wernet**

(b) Address..... **218 W. Steins St.**

17. (a) Entombment..... (b) Date thereof **12/8/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Hope Mausoleum**

18. (a) Signature of funeral director..... **Jos. P. Fendler Jr.**

(b) Address..... **7128 Michigan Ave.**

19. (a) **DEC 6 1947** (b) **J. T. Bredeck**
(Date received local registrar's V) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **5** year **1947** hour **12** minute **25 AM**

21. I hereby certify that I attended the deceased from **10-15-47** to **DEC-2-47** and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Pancreas with

metastases

Other conditions.....
Major findings: **Exploratory 11/24/47**
Of operations: **ca - pancreas - splenectomy**
Of autopsy: **No liver**

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?.....
While at work?..... (Specify type of place)
(e) Means of injury.....
Signature..... **J. T. Bredeck** (M. **12/8/47**)
Address..... **4063-50 Grand** Designated.....

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

STATEMENT BY LICENSED EMBALMER

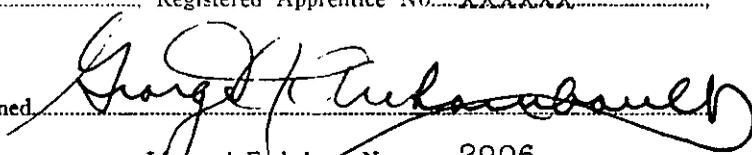
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault.....

Registered Apprentice No. XXXXXX.....

working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 2906.....

P. O. Address 7128 Michigan Ave......

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.