

No. 300
4-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7184
2105
State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Firmin Desloge Hospital
(If outside city or town limits, write "RURAL" and name of township)
(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)

3. (a) PRINT FULL NAME Mary Werner
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-09-2384

4. Sex F. 5. Color or race W 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 January-15-1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
~~xxx~~ 64 1 14 hr. min.

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

10. Usual occupation Wool Presser

11. Industry or business Lungstras Cleaning

MOTHER FATHER

12. Name Thomas Dobbins

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

14. Maiden name Jennie Unser

15. Birthplace South Carolina France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William P. Moloney

(b) Address 3802a Russell Ave.

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 N Euclid Ave.

19. (a) MAR 1 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ccc.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1112a Allen Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-29-48 day _____
year _____ hour 10: minute 40 A. M.

21. I hereby certify that I attended the deceased from 7-17-47 to 2-29-48, 19____;
that I last saw her alive on 2-29-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hydrophobia - Psychopathic form.
Chickens - secondary to

Due to Adams Co. of Cemetery
and Public Reclamation

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

PHYSICIAN
Underline the cause to 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 _____

23. Signature J. F. Bredek (M. D. or other) M.D.

Address Desloge Hosp. Date signed 3/1/48

WRITE PLAINLY—USE 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.....

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

Signed.....

Robert L Brunkema

Licensed Embalmer No..... *3553*

P. O. Address.....

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.