

NOV 22 1938

DEC 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40335
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Maplewood, Mo. Primary Registration District No. 109
 (c) City Maplewood, Mo. (d) Street No. 7216 Sarah St. Registered No. 1914
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christine Werthmuller
 (a) Residence, No. 7216 Sarah st. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Werthmuller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-2-7
 7. AGE YEARS 80 MONTHS 9 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

13. NAME Phillip Poeri
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

17. INFORMANT Mrs. R. D. Cottam, (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 11/23/38

19. FUNERAL DIRECTOR Robert J. Ambruster (ADDRESS) Clayton Rd. at Concordia Lane

20. FILE NO. NOV 22 1938 T.R. Meyer, M.D., D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21/38
 22. I HEREBY CERTIFY, That I attended deceased from 11/18/38, 1938, to 11/21/38, 1938
 I last saw her alive on 11/21/38, 1938. Death is said to have occurred on the date stated above, at 7:50 A. m.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
arteriosclerosis
 Other contributory causes of importance:
 Date of onset Nov 18 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. Bruce Murphy, M. D.
 (Address) 6120 Victoria Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

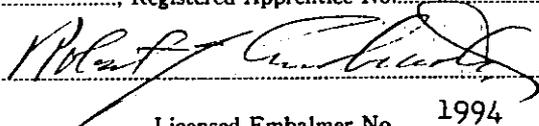
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

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.)