

DECEMBER 11, 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

41376
Do not use this space.

11068

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township.....² Primary Registration District No.....
(c) City St. Louis (d) Street No. 3171a South Grand St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Emily Werner

(a) Residence, No. 3171a South Grand St. 16 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George V.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 6 22

OCCUPATION 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) Missouri

FATHER 13. NAME Carl Dietz

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Edwin Werner
(ADDRESS) 3171a South Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE 12/26/38 19.

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Son
(ADDRESS) 7027 Gravois Avenue

20. FILED DEC 26 1938 J. B. Budde Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23/38 19

22. HEREBY CERTIFY, That I attended deceased from Dec 22, 1938, to Dec 24, 1938
I last saw her alive on Dec 24, 1938. Death is said to have occurred on the date stated above, at 9.05 a. m. P. M.
The principal cause of death and related causes of importance were as follows:

Valvular heart disease Date of onset Not known

Other contributory causes of importance:

Name of operation None Date of.....
What test confirmed diagnosis? None 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) Carl W. Klein, M. D.
(Address) 2632 S. Kingshighway

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.

WHILE LIVING, WITH CERTAINING THIS IS A PERMANENT RECORD

I X 16603

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

Clarence P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

6937^a Grand

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, above space should be left blank.