

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42024
Registrar's No. 11147

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 882
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3324 California Ave.
(d) Length of stay: In hospital or institution Life
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3324 California Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM WOERNER 656
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27
year 1939 hour 6 45 A.M. minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Woerner
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb 3rd 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st 1939, 1939, to Dec. 27th 1939, that I last saw him alive on Dec. 27th 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 10 Days 24
If less than one day hr. _____ min. _____

Immediate cause of death Chronic myocarditis
secondary to hypertension. Duration 10 mos
Due to _____
Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Prop. Meat Market

Other conditions Chronic glomerular nephritis 6 mo
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Martin Woerner
13. Birthplace Germany
14. Maiden name Elizabeth Reiss
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Josephine Woerner
(b) Address 3324 California Ave.
17. (a) Burial (b) Date thereof Dec 30/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director J. B. Brubaker
(b) Address 2906 Gravois Ave.
19. (a) DEC 28 1939 (b) J. B. Brubaker
(Date of local registrar) (Registrar's Signature)

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. B. Brubaker (M. D. or other) WHO
Address 3548 S. Grand Date signed 12/28/39

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.....

THOS. KUTIS.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois 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, above space should be left blank.