

REG MAR 25 1941 791

Registration District No. _____ Primary Registration District No. _____

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:
4229 West Pine Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **life** years, months or days)

3. (a) PRINT FULL NAME **AGNES JUDGE WOERNER**

3. (b) If veteran, name war **0 - - - - -** 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **William F. Woerner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 22 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **23** If less than one day _____ hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Arthur J. Judge**

13. Birthplace **Baltimore Md.**
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Clarke**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. F. Woerner Jr.**
(b) Address **4229 West Pine Blvd.**

17. (a) **burial** (b) Date thereof **Feb. 17, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **M. H. Alexander**
(b) Address **6175 Delmar Blvd.**

19. (a) **FEB 16 1941** (b) **J. T. Buchak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1719**
(If outside city or town limits, write "RURAL")
(d) Street No. **4229 West Pine** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**
year **1941** hour **11** minute **17 A.M.**

21. I hereby certify that I attended the deceased from **11/3**, 19**38**, to **2/15**, 19**41**.
that I last saw her alive on **2/15** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **2 weeks**

Due to **Pyelonephritis** **3 mo.**
Due to **non Calculous**

Other conditions **L. nephrectomy** **30 yrs.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **133a**
Of autopsy _____
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) _____ (Means of injury)
23. Signature **R. T. Holdaway** (M. D. or other) _____
Address **2720 Washington** Date signed **2/15/41**

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

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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.....

Joseph R. McCulloch

Licensed Embalmer No. *2468*

P. O. Address *6175 Delmar*

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.