

No. 2
-10-3P
7-30
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5348**
Registrar's No. **1596**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sallie Werner

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Morris Werner 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 26, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Galicia Austria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Pincus Unterberger
18. Birthplace Austria
14. Maiden name Rechel Weiss (State or foreign country)
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant M. Werner
(b) Address 6155 Pershing Ave.

17. (a) burial (b) Date thereof. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4711 M^cPherson

19. (a) J. F. Predeck (b) (Registrar's signature)
FEB 19 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 6155 Pershing
(If rural, give location)
(e) If foreign born, how long in U. S. A? 53 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1941 hour 2:30 minute 17 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
1941 to 2-18, 1941;
that I last saw her alive on Feb. 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation on week
Myocarditis, Chronic.

Due to 930
Due to 930
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy Myocardial infarct.
Bronchopneumonia

Duration
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? _____

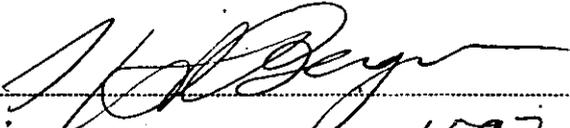
While at work? (Specify type of place) (e) Means of injury 0 no
23. Signature Herman M. Cump (M. D. or other) no
Address 508 N. Grand Date signed 2/18/41

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 .....
Licensed Embalmer No. 1597
P. O. Address 4715 Walker

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.