

No. 2
1-44
5-17-37
X26390

JAN 23 1942 757
Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 228

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Kempshighway & Elm St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 1058 Jefferson St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. LOUISE WERREMEYER

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August J. Werremeyer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 28 1863
(Month) (Day) (Year)

Coroners Inquest

that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death _____

Basel Fracture of Skull

Due to _____

9. Birthplace St. Charles MO U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to Automobile accident

Other conditions Struck by a car
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Fred Haekmann

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Anne Paul

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

Major findings: Of operations _____

Of autopsy 1700

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul J. Abel

(b) Address St. Charles MO

17. (a) Burial (b) Date thereof Dec 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director F. Haekmann - Bur

(b) Address 326 N. 6th St - St. Charles, MO

19. (a) December 24 (b) Clarence H. Wessler
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 22, 1941

(c) Where did injury occur? St. Charles, MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Highway

While at work? No (Specify type of place) (c) Means of injury by auto

23. Signature A. R. Schuch M. D. or other _____
Address St. Charles, MO. Date signed 12/22/41

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 *Arthur C. Bane*

Licensed Embalmer No. *3117*

P. O. Address *St Charles Mo*

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.