

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35827

I X2639F

Registration District No. 1943/17

Primary Registration District No. 6076

Registrar's No. 2278

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

**1. PLACE OF DEATH:**

(a) County Saint Louis  
 (b) City or town R.R. 3 St. Ferdinand  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Villa Beau Convent  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One year (Specify whether  
 in this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town R.R. 3 St. Ferdinand  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sister Mary Werner Assemann  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 1-4-41

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 8<sup>th</sup> year 1943 hour 8 minutes 3 A.M.  
 21. I hereby certify that I attended the deceased from August 7<sup>th</sup> 1943 to Oct 7<sup>th</sup> 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced 3  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec. 8 1867  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis ?  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 938

**8. AGE:** Years 75 Months 8 Days 0 hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace East Claire - Wisconsin (City, town, or county) (State or foreign country)  
 10. Usual occupation Domestic

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**11. Industry or business \_\_\_\_\_**

**MOTHER** { 12. Name Martin Assemann  
 13. Birthplace Germany (City, town, or county) (State or foreign country)  
 14. Maiden name Wilhelmina Schurmann  
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Philomene  
 (b) Address Villa Beau - R. 3 - Box 503

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-11-1943 (Month) (Day) (Year)  
 (c) Place: burial or cremation Villa Beau Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L.  
 (b) Address 17814 South Broadway, St. Louis, Mo.

19. (a) OCT 11 1943 (Date received local registrar) (b) C. R. McLawrence (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? \_\_\_\_\_

Co. \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
 Signature A. J. [unclear] (M. D. or other) \_\_\_\_\_  
 Address 14 [unclear] Date signed 10-10-43

**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.....

*Paul A. Shanklin*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3472*

P. O. Address *781 1/2 S. Liberty*

**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.**