

No. 2
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5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40700**
Registrar's No. **11011**

FILED DEC 22 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **Saint Louis**
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6912 BRADLEY
(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)

3. (a) PRINT FULL NAME **OPHELIA WASSMUND**
3. (b) If veteran, name war **--**
3. (c) Social Security No. **--**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William H. Wassmund**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **April 23 1892**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **17**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER }
12. Name **Julius C. Doerner**
13. Birthplace **Kimmewick, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Weidich**
15. Birthplace **Sappington, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William H. Wassmund**
(b) Address **6912 Bradley, St. Louis, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 13, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **6464 Chippewa St., St. Louis, Mo.**

19. (a) **DEC 13 1943** (Date received local registrar) (b) **J. F. Buddeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **Saint Louis** (If outside city or town limits, write "RURAL") **179**
(d) Street No. **6912 Bradley** (If rural, give location) **93**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **10**
year **1943** hour **6** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **January**
Jan 19 **43** **Jan 10** 19 **43**
that I last saw her alive on **Jan 8** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** ✓
Duration **Sudden**
Due to **arteriosclerosis** **Survival** ?
emphysema **chronic** ?
Due to **Hypertension** **chronic** ?

Other conditions (Include pregnancy within 3 months of death)
Major findings: **131**
Of operations
Of autopsy

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 **Robert G. Warner** (M. D. or other) **0 M.D.**
Address **1115 Paul Brown Bldg** Date signed **Dec 14 1943**

Dr. R. G. Warner
St. Anthony Hosp.
Sunday 11 a. m.

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.....

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.