

Registration District No. **318** 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:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Christine Werthmuller**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 29, 1891**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**53 2 23** hr. min.

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

10. Usual occupation **Clerk**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **Nicholas Werthmuller**

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

14. Maiden name **Louisa Ruf**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Emma Werthmuller**

(b) Address **3651 Marceline Terrace**

17. (a) **Burial** (b) Date thereof **Oct. 25, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**  
**Weick Bros.**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **2201 S. Grand Bl.**

19. (a) **OCT 25 1944** (b) **J.F. Budeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3651 Marceline Terrace**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **22**  
year **1944** hour **11** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Sept 29** 1944 to **Oct 22** 1944  
that I last saw **her** alive on **Oct 21** 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Respiratory failure**  
Due to **Caused by the following Defenses**  
Due to **Possible Brain Tumor**  
**unverified -**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **Neurologer**  
Of operations \_\_\_\_\_  
Of autopsy **None**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_  
23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **[Address]** Date signed **10/24/44**

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

**Dr. Stanley**

**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 Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**