

FILED AUG 20 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6933

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 Orthodox Old Folks' Home
(If not in hospital or institution, write name and 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 000
(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB M. WERNER

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

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 83 hr. min.

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

10. Usual occupation Retired

11. Industry or business Clothing

12. Name Morris Werner

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

14. Maiden name Theresa Punch

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

16. (a) Informant Edward Werner

(b) Address 5615 Waterman

17. (a) Burial (b) Date thereof 8/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Randolph
5216 Delmar Blvd.
(b) Address

19. (a) AUG 8 1946 J. F. Bredek
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 6 year 1946 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2-19-46 1946 to April 6 1946 that I last saw him alive on April 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: embolism cerebral
Due to chronic hypertension

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
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 1

23. Signature Aimee Ross (M. D. or other) _____
Address 1918 East Jackson Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28033

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

H. E. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

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.