No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11684

FILED APR 14 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 3352

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3443 McKean Ave.
(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 Mo. (b) County

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

(d) Street No. 3443 McKean Ave.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME ADELLA WERNER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Cuno

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

7. Birth date of deceased Oct. (Month) 6 (Day) 1869 (Year)

8. AGE: Years 77 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Barney Winkelman 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Mary Meskendoph 0
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clarence Werner
(b) Address 3443 McKean Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 29 (Day) 47 (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 28 1947 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 9:25 minute A. M.

21. I hereby certify that I attended the deceased from Dec 23, 1946, to March 26, 1947;
that I last saw her alive on Mch 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	2
Due to: Hypertension & arteriosclerosis nephritis, cystitis, Renal	10 yrs
Due to: stone, Hydronephrosis anaemia	2
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy

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? (e) Means of injury 0

23. Signature Carl Althaus (M. D. or other) MD
Address 3248 Lafayette Date signed 3/28/47

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.