No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1947

Registration District No. 31

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19786

Registrar's No. 1028

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 619 Horn ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: 619 Horn ave.
(If rural, give location)
(e) Citizen of foreign country: no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elizabeth Werner
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles Werner
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: October (Month) 4 (Day) 1883 (Year)

8. AGE: Years 63 | Months 7 | Days 2 | If less than one day ..... hr. ..... min.
9. Birthplace: Mehlville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Jacob Will
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Meyer
15. Birthplace: Mehlville, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Charles Werner
(b) Address: 619 Horn ave. Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Trinity Cem.
18. (a) Signature of funeral director: C. Hoffmeister & & L. Co.
(b) Address: 7814 S. Broadway
19. (a) 5-12-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Mar 19, 1947, to May 6, 1947, that I last saw her alive on May 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	Chronic
Due to: Arteriosclerosis	Chronic
Due to: Chronic interstitial nephritis	Chronic
Other conditions (Include pregnancy within 3 months of death): Cholelithiasis	2 yrs.

Major findings: Of operations: — 131

Of autopsy: —

PHYSICIAN: Underline the cause of 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 .....

23. Signature: [signature] (M. D. ~~or other~~)
Address: 7402 Gravois Date signed: 5/7/47

Jefferson City Printing Co.

(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.....Louis C. Hoffmeister

Licensed Embalmer No.....3871

P. O. Address.....7814 S. Broadw

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.