S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33139

Registrar's No. 8762

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: 1754 Grape 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 Missouri (b) County

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

(d) Street No. 1754 Grape Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Wernle

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 Arthur Wernle

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January (Month) 21 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	7	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Anna Schnake
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Arthur Wernle
(b) Address 1754 Grape Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) SEP 18 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th year 1947 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 8 1947 to Sept 18 1947 that I last saw her alive on Sept. 17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Osteo-sarcoma Right arm-elbow	2 yrs?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
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 Eugene L. Arnold (M. D. or other) M.D.

Address 1449 Mc Laran Date signed 9/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. L. Arnold (11-12)
1449 McLaren

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 Warren A. Carver

Licensed Embalmer No. 3534

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.