No. 2
—1/47
F-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 25 1947
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 40574
Registrar's No. 2402

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mueller's Nursing Home 4
(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 oao
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4305 Grace Ave. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME MAMIE WUERZ
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 Widowed
6. (b) Name of husband or wife Late Emil
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. (Month) 13 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	7	..... 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 Unknown Hamlung
13. Birthplace ..... (City, town, or county) Holland (State or foreign country) 4
MOTHER
14. Maiden name Caroline Unknown
15. Birthplace ..... (City, town, or county) Holland (State or foreign country) 4
16. (a) Informant R. J. Wuerz
(b) Address 1009 So. Elm Web. Groves
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 11-21-47 (Date received local registrar) (b) Paul A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1947 hour 8:35 minute P M.
21. I hereby certify that I attended the deceased from 9-7-44 19 to 11-8 1947
that I last saw her alive on 11-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Arterio Sclerosis
Due to 93d
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

Duration

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? ..... Means of injury 0
23. Signature Joseph L. Ferris (M. D. or other)
Address 4065 So. Grand Date signed 11-21/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1941

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 A. 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.