FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24827

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6103

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 1126 Victoria Place
(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

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

(d) Street No. 1126 Victoria Place
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Wern

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Charles J. Wern

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

7. Birth date of deceased Aug. 18th., 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	20	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Thomas Dolan

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Loretta Metz

(b) Address 1126 Victoria Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. H. Brandt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th., year 1948 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from 8/29/43, 19..., to 7/8, 19 48; that I last saw her alive on 7/8/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombus	5 min
Due to: Myocarditis	3 years
Gastric ulcer	5 years
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 Elva Simpson (M. D. or other) M.D.

Address 3739 Gravois Date signed 7/9/48

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.