B 6 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8047

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 261

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Co. hospital
(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 St. Louis
(c) City or town Pine Lawn, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4815 Ravenwood Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Leona Mae Werntz
3. (b) If veteran, name war no
3. (c) Social Security No. 498-07-0804.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Werntz
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased June 8, 1910. (Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Labler
11. Industry or business Food Preversing Co.
FATHER
12. Name George Conlon
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Booker
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature John Werntz
(b) Address 4815 Ravenwood Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 8/40. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem.
18. (a) Signature of funeral director Jas. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) FEB 6 - 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1940 hour 8.50 minute A.M. M.
21. I hereby certify that I attended the deceased from ..... , 19..., to ..... , 19...;
that I last saw h..... alive on ..... , 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile accident. While riding as a passenger in an auto-
Due to -mobile which skidded on the icy pavement and struck a pole. 2/4
Due to Multiple fractures.
Other conditions Laceration of the L.Kidney, etc.
(Include pregnancy within 3 months of death)
Major findings:
Of operations 210 m
Of autopsy

Duration

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) accident
(b) Date of occurrence Feb 3, 1940
(c) Where did injury occur? Pine Lawn, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury auto skidded
23. Signature John O'Connell (M. D. or other)
Address Coroner of St. Louis Co Date signed 2/6/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Redwood Ave

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, above space should be left blank.