

1006

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26637

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6429

1. PLACE OF DEATH: **1941**

(a) County: _____
 (b) City or town: **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **2 Days** (Specify whether
 years, months or days) **0**

In this community: **about 27 yrs**

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.: **2826 N. Jefferson Ave**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: **John Wersching**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **486-16-7427**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **August** day: **4**, year: **1941** hour: **9:45** minute: _____ A. M.

4. Sex: **male** 5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife: **Anna Wersching**

6. (c) Age of husband or wife if alive: **55** years

7. Birth date of deceased: **Dec. 15, 1883**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 3, 1941** to **August 4, 1941**; that I last saw him alive on **August 4, 1941**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	57	6	19	hr. _____ min. _____

Immediate cause of death: **Fibrosis of the myocardium**

Due to: **Heart Hypertrophy (Rt. sided)**

Due to: **Emphysema**

Other conditions: _____
 (Include pregnancy within 3 months of death)

9. Birthplace: **unknown Hungary**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Barber**

Major findings: _____
 Of operations: _____
 Of autopsy: **As Above**

PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: **Daniel Wersching**

13. Birthplace: **unknown Hungary**
 (City, town, or county) (State or foreign country)

14. Maiden name: **Susan Hartmann**

15. Birthplace: **unknown Hungary**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Anna Wersching**

(b) Address: **2534 Palm St.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

17. (a) **burial** (b) Date thereof: **Aug. 7, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Galvary Cemetery**

18. (a) Signature of funeral director: **Goodpast Woodhall**

(b) Address: **2228 St. Louis Ave**

19. **AUG - 6 1941** (Date received local registrar)

(b) **J. J. Redick** (Registrar's signature)

(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? _____ (c) Means of injury: _____

23. Signature: **R. J. Maxwell** (M. D. or other) _____
 Address: **151 Lafayette Ave.** Date signed: **8/4/41**

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

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12

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.....

Charles Goodhart
.....
Licensed Embalmer No. *3777*
.....
P. O. Address *St Louis Mo*

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.