

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

8426
State File No. _____
Registrar's No. 379

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4816 Ravenwood
(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 Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4816 Ravenwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Werntz
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-8762

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Werntz 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased December 11, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 1 hr. min.

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Werntz
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Aleback
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Werntz
(b) Address 4816 Ravenwood, Pine Lawn, Mo.

17. (a) Burial (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) FEB 15 1944 (b) E. J. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 2 minute P M

21. I hereby certify that I attended the deceased from Jan 10
1943, to Feb 11, 1944.
that I last saw him alive on Feb 11, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death
Valvular disease of the heart. Mitral regurgitation 4 yrs.
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Chas Newman (M. D. or other)
Address 2301a 38 Grand R Date signed 2-14-44

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

JAN 25 1958

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.....

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.