S. No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10977

FILED APR 14 1948

Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 929

1. PLACE OF DEATH:
(a) County ST.LOUIS,
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 409 MISSION COURT.
(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 96
(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. #409 MISSION COURT 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME HOLLAND WERWATH.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased NOVEMBER 15, 1944 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
3	4	26	..... hr. ..... min.

9. Birthplace ST.LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation -------
11. Industry or business -------

FATHER
12. Name WALTER E.WERWATH.
13. Birthplace MILWAUKEE, (City, town, or county) WISCONSIN. (State or foreign country)

MOTHER
14. Maiden name MARY VIRGINIA BALLIETT.
15. Birthplace KANSAS CITY, (City, town, or county) MISSOURI. (State or foreign country)

16. (a) Informant MR.CARL A. BALLIETT.
(b) Address 409 MISSION COURT.
17. (a) INTERMENT (Burial, cremation, or removal) (b) Date thereof 4- -1948 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.
19. (a) 4-12-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11
year APRIL hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from Aug 1947, 19..., to April 19 48;
that I last saw her alive on April 9 19 48;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute leukaemia	8 mo.
Due to	
Due to 740	
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 Frederick A Jacobs (M. D. or other) MD
Address 4952 Maryland Date signed 4/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4952 Maryland
RO 6510

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.