

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34834**
Registrar's No. **8965**

FILED OCT 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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. John's 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 Missouri (b) County St. Louis

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

(d) Street No. Jefferson Barracks, Mo.
1040 Van Mostrand
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Louis A. Werckmann II

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th
year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 10, 48
to Oct 12, 48, 19____

that I last saw him alive on Oct 15/48, 19____
and that death occurred on the date and hour stated above.

4. Sex Male

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 3-7-48
(Month) (Day) (Year)

Immediate cause of death Congenital heart

Duration Life

Due to 157

Due to _____

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

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

10. Usual occupation None

11. Industry or business _____

Other conditions Bronchopneumonia
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____

Of autopsy above

Underline the cause to which death should be charged statistically.

12. Name Louis Werckmann

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

14. Maiden name Betty Mae Lichtenberg

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

16. (a) Informant Mr. Louis Werckman

(b) Address 1040 Van Mostrand

17. (a) burial (b) Date thereof 10 16 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address 6322 S Grand

19. (a) OCT 16 1948 (b) J. B. Luster
(Data received local registrar) (Registrar's signature)

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 J. P. Corbett M. D. or other _____
Address 4965 2 Maryland Date signed 10/16/48

Dr. Costello
4952 Maryland

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..... *J. Wm Binkley*
Licensed Embalmer No. *3653*
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.