

FILED MAY 12 1951

STANDARD CERTIFICATE OF DEATH

14883

State File No.

318

1003

Registrar's No. 4039

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>				c. LENGTH OF STAY (In this place) <u>14</u> DAYS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S HOSPITAL</u>				STREET ADDRESS <u>5009 PARKER</u>				If rural, give location		
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<u>EMMA</u>		—		—		<u>WERNER</u>		<u>APRIL 27 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 24 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS () DAYS () HOURS () MIN. ()		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>ANDREW MUEHLEISEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARIE RALL</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM WERNER</u>			<u>5009 PARKER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE WERNER</u>						ADDRESS <u>5009 PARKER</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Acute Lymphatic Leukemia</u>						
		ANTECEDENT CAUSES		<u>None known</u>						
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>None</u>						
		DUE TO (b)		<u>None</u>						
		DUE TO (a)		<u>None</u>						
		II. OTHER SIGNIFICANT CONDITIONS		<u>Presence of heart 5400g</u>						
		Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <u>20ft. H</u>					
22. I hereby certify that I attended the deceased from <u>4-24</u> , 19 <u>51</u> , to <u>4-27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/27</u> , 19 <u>51</u> , and that death occurred at <u>8:35 P</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>George Werner</u>				(Degree or title)		23b. ADDRESS <u>506 Olive St</u>		23c. DATE SIGNED <u>4/28/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>BURIAL</u>		<u>APR. 30 1951</u>	<u>VALHALLA CEMETERY</u>			<u>ST. LOUIS MO</u>				
DATE RECORDED BY LOCAL REGISTRAR'S OFFICE		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutie</u>		ADDRESS <u>2906 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Prof. Buddle

Licensed Embalmer No. *3989*

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.