

No. 300
10.48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25480
Registrar's No. 6780

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros.		d. STREET ADDRESS (If rural, give location) 416 Fillmore	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Charles c. (Last) Werner			4. DATE OF DEATH (Month) (Day) (Year) July 27 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 14 1878		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Casmir Werner		13b. MOTHER'S MAIDEN NAME Louise Roth		14. NAME OF HUSBAND OR WIFE Veronica	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 498-03-0074	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Veronica Werner 416 Fillmore			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute meningitis (Influenza) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute left otitis media DUE TO (c) Virus pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days 5 days
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H97X		
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22. I hereby certify that I attended the deceased from July 24, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951 and that death occurred at 11:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Jos. P. Fendler Jr. M.D.		23b. ADDRESS 7702 Lacey Ave.		23c. DATE SIGNED 7/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-30-1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
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DATE REC'D BY LOCAL REG. JUL 30 1951	REGISTRAR'S SIGNATURE J. B. Casata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0829

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 Clarence J. Rockow

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.