

FILED-NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35740

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9697**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **4107 Juniata**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **4107 Juniata**

**3. NAME OF DECEASED**  
a. (First) **John**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Wersching**  
**4. DATE OF DEATH** (Month) (Day) (Year) **10/31/51**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**8. DATE OF BIRTH** **June 14, 1895** **9. AGE** (In years last birthday) **56** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Custodian-Oak Hill Pres. Church**  
**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (State or foreign country) **Austria**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Pete Wersching** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Theresa**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW #1** **16. SOCIAL SECURITY NO.** **498-01-1594** **17. INFORMANT'S SIGNATURE OR NAME** **Theresa Wersching** **ADDRESS** **4107 Juniata**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary Thrombosis**  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** \_\_\_\_\_  
**DUE TO (c)** \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
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  NO

**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) (Min.) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **H20!**

**22. I hereby certify that I attended the deceased from 7/20, 1951, to 10-31, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 7:55 P.M., from the causes and on the date stated above.**

**23a. SIGNATURE** **Harry Church M.D.** (Degree or title) **23b. ADDRESS** **56419 So Kingshighway** **23c. DATE SIGNED** **11-2-51**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **11/3/51** **24c. NAME OF CEMETERY OR CREMATORY** **Lakewood Park Cem.** **24d. LOCATION** (City, town, or county) (State) **St. Louis Co., Missouri**

**DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE** **NOV 2 1951** **J. Earl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wacker-Heldale** **ADDRESS** **3634 Gravois**

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Wheeler.....

Licensed Embalmer No. 2128.....

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.