

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35940

State File No.

FILED OCT 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3386</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIKE LAWN</u>		c. LENGTH OF STAY (in this place) <u>54 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>PIKE LAWN</u> <u>0</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Crescent Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>CRESCENT</u> <u>2119 Crescent Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Mary</u> c. (Last) <u>Werre</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1951</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 18, 1877</u>			
9. AGE (In years last birthday) <u>74 Yrs.</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Wittenberg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jacob Mueller</u>			13b. MOTHER'S MAIDEN NAME <u>ANN Harding</u>			14. NAME OF HUSBAND OR WIFE <u>Edmund Werre</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edmund Werre, 6457 Wells Avenue</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 29, 1951</u> , to <u>Oct. 8, 1951</u> , that I last saw the deceased alive on <u>Oct. 8, 1951</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>Norton John Overoll M.D.</u>				23b. ADDRESS <u>6356 Clayton Road</u>		23c. DATE SIGNED <u>Oct. 8, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-10-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Leake M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN FUNERAL HOME, INC.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Norton J. Eversole
6356 Clayton Road.

Sterling 4060
3 to 6

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 Max L. Warner.....

Licensed Embalmer No. 4170.....

P. O. Address 1936 St Louis Ave.....

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.