

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40888**
Registrar's No. **10176**

DEC 2 1952

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J. c. (Last) Woker		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 3, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR. Retired 5 yrs.	11. BIRTHPLACE (City and State, or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Woker	
13b. MOTHER'S MAIDEN NAME Mary Weber		14. NAME OF HUSBAND OR WIFE Sophia Woker (deceased)	
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.	
17. INFORMANT'S SIGNATURE OR NAME Aloysius A. Woker		ADDRESS 3850 Pennsylvania Ave.	
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio sclerosis 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 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? 4201		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Robert E. Dayton, M.D.		23b. ADDRESS 1309 Calhoun	
23c. DATE SIGNED 11-5-52		24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov. 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken - Benz Motuary	
25. ADDRESS 2842 Meramec St.		DATE REC'D BY LOCAL REG. NOV 5 1952	
REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. ADDRESS St. Louis, 18, Mo.	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.
P. O. Address St. Louis, 18, 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.