

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34292

State File No. 8982

Registrar's No. 8982

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 8982		Registrar's No. 8982					
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).									
a. COUNTY <b>ST LOUIS</b>				a. STATE <b>MISSOURI</b>		b. COUNTY <b>ST LOUIS</b>							
b. CITY (If outside corporate limits, write RURAL and give town or town <b>ST LOUIS</b> )			c. LENGTH OF STAY (in this place township) <b>20 YRS</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>			2249 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROTHERS</b>				d. STREET ADDRESS (If rural, give location) <b>24 3933 SO. BROADWAY</b>									
3. NAME OF DECEASED (Type or Print)			a. (First) <b>JOHN</b>			b. (Middle)			c. (Last) <b>WERTNIK</b>				
4. DATE OF DEATH			(Month) <b>9</b>			(Day) <b>16</b>			(Year) <b>53</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNKNOWN</b>		8. DATE OF BIRTH <b>APRIL 22-1879</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAUNDRY WORKER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY</b>				11. BIRTHPLACE (State or foreign country) <b>UNKNOWN</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>UNKNOWN</b>				13b. MOTHER'S MARDEN NAME <b>UNKNOWN</b>				14. NAME OF HUSBAND OR WIFE <b>—</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>				16. SOCIAL SECURITY NO. <b>496-40-1521</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Louis A. Gurgas</b> ADDRESS <b>Freeburg Ills</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sanguine to left</b>				b. <b>By —</b>				2 months	
				ANTECEDENT CAUSES				DUE TO (b)				at death	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Diabetes Mellis</b>				1 year	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <b>Sept 12 1953</b>				19b. MAJOR FINDINGS OF OPERATION <b>Diabetes Sanguine to left leg</b>								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) <b>260X</b>							
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 <b>Sept. 12, 1953</b> to <b>Sept. 16, 1953</b> that I last saw the deceased alive on <b>Sept 16, 1953</b> , and that death occurred at <b>4:35 P.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Dr. William Weinsberg</b> (Degree or title)				23b. ADDRESS <b>3606 Gravois Ave. St. Louis, Mo</b>				23c. DATE SIGNED <b>9/16/53</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EDMWOOD</b>				24d. LOCATION (City, town, or county) (State) <b>FREEBURG ILLINOIS</b>					
DATE REC'D BY LOCAL REG. <b>SEP 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Ken Kenner</b> ADDRESS <b>Ballville Ills</b>							

402 (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.....

*not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Geo. Remor*

Licensed Embalmer No. ....

*2314*

P. O. Address.....

*Belleville Ill*

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.