

STANDARD CERTIFICATE OF DEATH

State File No. 37721

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9756

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 OR TOWN St. Louis				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3942 Arsenal St.				e. STREET ADDRESS (If rural, give location) 16 3942 Arsenal St.				2769											
3. NAME OF DECEASED (Type or Print) Tillie				a. (First)				b. (Middle) Woerner				c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 10/10/53			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		8. DATE OF BIRTH 2/19/1861		9. AGE (In years last birthday) 92 yrs.		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) Sun. Sch. Teacher				10b. KIND OF BUSINESS OR INDUSTRY Laf. Prk. Meth. Ch.				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME John Woerner				13b. MOTHER'S MAIDEN NAME Mary Neuen				14. NAME OF HUSBAND OR WIFE none											
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. no				17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Wilton				ADDRESS 4511 Magnolia Av.							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Sinusitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>Very short</u>							
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? 4201											
22. I hereby certify that I attended the deceased from <u>9-5</u> ¹⁹⁵³ to <u>10-10</u> , 1953, that I last saw the deceased alive on <u>July 16</u> , 1953, and that death occurred at <u>7:00 p.</u> m., from the causes and on the date stated above.																			
23a. SIGNATURE <u>Dr. C. W. Jungk M.D.</u>				(Degree or title)				23b. ADDRESS <u>2278 Estiferson</u>				23c. DATE SIGNED <u>10-12-53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE <u>10/13/53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>							
DATE REC'D BY LOCAL REG. OCT 13 1953				REGISTRAR'S SIGNATURE <u>J. C. Smith</u>				5. FUNERAL DIRECTOR'S SIGNATURE <u>J. Schauer</u>				ADDRESS 3125 Lafayette Ave.							

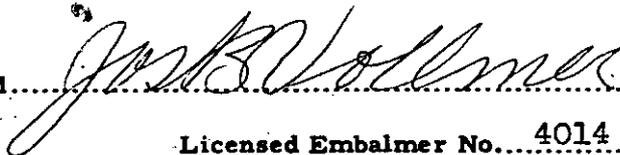
(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.