

FILED NOV. 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37722

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9839

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) St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) Life		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 Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 7462 Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Frederick	b. (Middle)	c. (Last) Woerther	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1953
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5. SEX M	6. COLOR OR RACE C W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1884	9. AGE (in years last birthday) 69yrs	10. F UNDER 1 YEAR Months	11. F UNDER 2 HRS. Days	12. F UNDER 2 HRS. Hours	13. F UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Mgr. Linen Dept Scruggs	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phillip Woerther	13b. MOTHER'S MAIDEN NAME Anna	14. NAME OF HUSBAND OR WIFE Corine Woerther
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 489-09-4415	17. INFORMANT'S SIGNATURE OR NAME Mrs. Corine Woerther	ADDRESS 7462 Washington
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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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Cardiac Arrest, Sodium Pentothal; Cerebral Trauma</i>		
	II. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	III. OTHER SIGNIFICANT CONDITIONS <i>due to (c) for removal of gall bladder at Missouri Baptist Hospital</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>an Oct 14 1953 about 155 pm</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <i>Accident</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 14 5 17 55</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E 954X</i>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick P. Taylor Coronist</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>10.15.53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. OCT 15 1953	REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander &amp; Sons</i>	ADDRESS <i>6125 Delmar</i>
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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 *Jos. E. McCulloch*.....  
Licensed Embalmer No. *246*.....

P. O. Address *6150 P. O.*.....

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.