

FILED APR 2 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14243
Registrar's No. 2524

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) ST. LOUIS MO		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 2749 3730 Wisconsin	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 2749 3730 Wisconsin			
3. NAME OF DECEASED (Type or Print) a. (First) BETTY		b. (Middle) JEAN		c. (Last) WERNER		4. DATE OF DEATH (Month) (Day) (Year) MAR. 18 1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JUNE 25 1934	
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOP STEWARD		10b. KIND OF BUSINESS OR INDUSTRY BELL TEL. CO.		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME EMIL WERNER		13b. MOTHER'S MAIDEN NAME BETTY ROHDE		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 491-34-1052		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMIL WERNER 3730 Wisconsin			
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* Neuroperitonium; Subdural Hemorrhage; suffered when struck operated by Ruth Hermann in which deceased was a passenger struck Grand Street near intersection of Grand and Pine made about 1145 pm Mar 17 1954 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by or related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? E 811.0	
21a. RESIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.		21. HOW DID INJURY OCCUR? E 811.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 17 54 11 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR? E 811.0			
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 1:55 A.M. , from the causes and on the date stated above 28							
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 20 1954		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.	
DATE REC'D BY LOCAL REG. MAR 19 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Genois	

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
Student Embalmer

Signed.....

Licensed Embalmer No. 4341

P. O. Address 2711 Grand

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.