FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20487

BIRTH NO. 40184-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4711

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST LOUIS MATERNITY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MALDEN
d. STREET ADDRESS (If rural, give location): BOX 144

0350

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Werner

4. DATE OF DEATH (Month) (Day) (Year): 5-28-55

5. SEX: GIRL
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NO
8. DATE OF BIRTH: 5-28-55
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): no
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): St Louis, MISSOURI
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: CHARLES EDWARD WERNER
13b. MOTHER'S MAIDEN NAME: CAROL SUE ANDERSON
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: CHAR & CAROL WERNER SAME ADDRESS

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): Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 33 weeks Prematurity { autopsy refused
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not 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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 776X

22. *I hereby certify that I attended the deceased from* 5-28-, 19 55, *to* 5-28, 19 55, *that I last saw the deceased alive on* 5-28-, 19 55, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. H. Vandeyeard MD
23b. ADDRESS: 630 S. Kingshighway
23c. DATE SIGNED: 5-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/31/55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: MAY 31 1955
REGISTRAR'S SIGNATURE: J Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jas. W. Clark 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed (No Embalming) Student Embalmer

Signed Jos. W. Clark

Licensed Embalmer No. 1661.

P. O. Address 1125 Hodiamo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.