

FILED JUN 27 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 20488

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5126

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) OR TOWN SAINT LOUIS		c. LENGTH OF STAY in this place LIFE		c. CITY OR TOWN SAINT 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 10 3511a Kossuth Avenue 21075					
3. NAME OF DECEASED (Type or Print) Fred Godfrey Werner			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 10 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 18, 1886		9. AGE (In years last birthday) 68 yrs	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Ballplayer, Houseman & Postal		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Godfrey Werner			13b. MOTHER'S MAIDEN NAME Catherine LeBeau		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. 488-28 4409		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Millie Printz, 3511a Kossuth Ave. 7					
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* (a) Angina Pectoris not known ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral regurgitation Chronic Arthritis					INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 yrs		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION ✓					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4202					
22. I hereby certify that I attended the deceased from June 5 <sup>th</sup> to June 10 1955 that I last saw the deceased alive on June 10, 1955, and that death occurred at 11:15 P.m., from the causes and on the date stated above.									
23a. SIGNATURE H. F. Miller M.D.				23b. ADDRESS 8410N Broadway		23c. DATE SIGNED 6-13-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.				
DATE REC'D BY LOCAL REG. JUN 14 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*John A. Wheeler*

Licensed Embalmer No. .... 418 .....

P. O. Address .....

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.