

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20611**

FILED JUN 30 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1290**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale #651</b>	
c. LENGTH OF STAY (In this place) <b>4 hours</b>		d. STREET ADDRESS (If rural, give location) <b>233 N. Sappington Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>LOUISE D. WERTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Feb. 23, 1903</b>		9. AGE (In years last birthday) <b>52</b>		10. MONTHS <b>08</b> DAYS <b>10</b> HOURS <b>10</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Librarian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kirkwood Library</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Duncan Werth</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel Gould</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-20-1762</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Norman Winter, 109 Par Lane, Kirkwood, Mo.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Tachycardia and Acute Pulmonary edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Rheumatic Heart Disease (by history)</b> DUE TO (c) <b>4/16 X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from **6/3, 1955**, to **6/3, 1955**, that I last saw the deceased alive on **6/3, 1955**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Catanzaro M.D.</b>		23b. ADDRESS <b>134 W. Adams, Kirkwood</b>		23c. DATE SIGNED <b>6/4/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/6/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>6-6-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Popp Inc. Kirkwood Mo.</b>	
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Bill C. Branson*

Licensed Embalmer No. \_\_\_\_\_

*4764*

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

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.