

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44906**
Registrar's No. **12052**FILED JAN 29 1957
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Lemay 4850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 4700 Reavis Barracks Road			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) E.	
		c. (Last) Werner		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 26, 1898		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Cutter		10b. KIND OF BUSINESS OR INDUSTRY Cap factory	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Werner		13b. MOTHER'S MAIDEN NAME Minnie (Unknown)		14. NAME OF HUSBAND OR WIFE Frieda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 492 10 0623		17. INFORMANT'S SIGNATURE OR NAME Frieda Werner ADDRESS 4700 Reavis Barracks Road	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES (b) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO (c)			
		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? 420.1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick Taylor Carver		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.31.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 3, 1957		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	
				24d. LOCATION (City, town, or county) (State) Lemay, Mo.	
DATE RECD. BY LOCAL DEC 31 1956		REGISTRAR'S SIGNATURE J. Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Mortuaries ADDRESS 781 So. Broadway St. Louis, Mo.	

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 *Levin C. Hoffmann*

Licensed Embalmer No...38...

P. O. Address...78148 B...

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.