Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

STATE FILE NUMBER 38322

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9473

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis 2099 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 Park Lane Hospital 0 — Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) 9 4312 John A venue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Walter	Middle: A	Last: Werner	4. DATE OF DEATH Month Day Year: October 9, 1957
5. SEX: male 0	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1	8. DATE OF BIRTH: July 2, 1884
9. AGE (In years last birthday): 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY: unknown	11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: George Werner	13b. MOTHER'S MAIDEN NAME: Bertha Werner	14. NAME OF HUSBAND OR WIFE: Stella B. Werner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 494-07-4554	17. INFORMANT Address: Mrs. Stella B. Werner, 4312 John Avenue	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arterio-sclerotic cardiac disease — D.K.

DUE TO (c) fatty infiltration of liver - fatty necrosis of pancreas

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): nephrosclerosis, chronic perisplenitis, carcinoma of duodenum, terminal pneumonia.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

420.0H

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 6-57 to Oct 9-57 and last saw him alive on 10-9-57

Death occurred at 1:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. K. Snyder M.D. 0

22b. ADDRESS: 705 Olive St.

22c. DATE SIGNED: 10-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: October 12, 1957	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E Fair	25. DATE RECD. BY LOCAL REG.: OCT 10 57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MSB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.