

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard numerators in item 10. No explanations will be required. Any diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020487

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1261

4001

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsdale		c. CITY OR TOWN Hillsdale 41610	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6807 St. Louis Ave.		d. STREET ADDRESS (If outside, give location) 6807 St. Louis Ave.	
Length of stay in 1b years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EDGAR H. WERNSE			4. DATE OF DEATH May 8 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 10 Days 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant - Canvas Products Company		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Fred Wernse		14. MOTHER'S MAIDEN NAME Minnie Hintze	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 493-05-7464		17. INFORMANT Address Mrs. Roberta Roper Wernse 6807 St. Louis	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Demorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adeno Carcinoma - tumor in neck		1 yr
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1914		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) none	
20c. TIME OF INJURY Hour a. m. p. m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) none	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from Sept 1957 , to May 8, 58 and last saw ^{him} alive on May 7, 58 Death occurred at 12:10 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W. Stachle, M.D.	22b. ADDRESS 7124 Natural Bridge Avenue	22c. DATE SIGNED 5/8/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR C. R. LUPTON & SONS	ADDRESS 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 5-9-58	26. REGISTRAR'S SIGNATURE Herbert R. Donker M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Clarence A. Murray*

Licensed Embalmer No. *40*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.