

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023520  
STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Register No. **24743**

300  
1-57

X

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		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, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Lemay</b> <b>4860</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3711 Bobring</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Walter L. Werner</b>			4. DATE OF DEATH Month Day Year <b>May 13, 1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 15, 1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years (last birthday)) <b>45</b>
<b>Bottler, Fairstar Brewing Co.</b>		<b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>usa</b>
13a. FATHER'S NAME <b>William Werner</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Wotli</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Werner</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT <b>Lemay 23, Mo. Elizabeth Werner 3711 Bobring,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma left adrenal</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>1950</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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. _____			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>7/10/59</b> to <b>5/13/59</b> and last saw her alive on <b>5/13/59</b> Death occurred at <b>5/13/59 5:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paulen Paulshak MD</b> (Degree or title)		22b. ADDRESS <b>5203 Chippewa</b>	22c. DATE SIGNED <b>5/15/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>removal</b>	<b>5-16-59</b>	<b>Sunset Burial Park</b>	<b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 15 59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

m84

Dr Parvath  
17 to 3  
5203 Chippewa

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 *Louis Van Tassan* .....

Licensed Embalmer No. *4242* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.