S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40724

Registration District No. 318 Primary Registration District No. Registrar's No. 11690

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7727 Michigan ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 61
(If outside city or town limits, write "RURAL")
(d) Street No. 7727 Michigan ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Werkmeister

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 1 (Day) 1876 (Year)

8. AGE: Years 67 Months 4 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name John Werkmeister
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Wilhelmina Werkmeister
(b) Address 7727 Michigan ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Old. SS. Peter & Paul, Cem.
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway
19. (a) DEC 27 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1943 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec 23 1943 to Dec 23 1943 that I last saw him alive on Dec 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteria Sclerotic Heart Disease — Duration 2 mos.
Due to Coronary occlusion — 6 hrs
Due to Diabetes Mellitus — 5 yrs?
Other conditions (Include pregnancy within 3 months of death) 61
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. A. O'Sullivan (M. D. or other)
Address 42 N. Schirmer Date signed 12-24-43

(Licensed Embalmer's Statement on Reverse Side)

Dr.O' Sullivan MD

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 781480 Selwy

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.