

S. No. 2
M-5-43
7-5-17-39
D I X36871

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3267

FILED FEB 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 787

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4216 Clayton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4216 Clayton Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Austria

3. (a) PRINT FULL NAME John Werderitsch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Ann Bumm
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 23, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 19 hr. min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Lard Processor

11. Industry or business Independent Packing Company

12. Name John Werderitsch

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Theresa Knabel

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Reiting

(b) Address 4216 Clayton

17. (a) Burial (b) Date thereof Jan. 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Reiderwald B. F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 23 1947 (b) J. F. Bradaek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1947 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 1946
to Jan 22, 1947
that I last saw him alive on December 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the soft esophagus with mediastinal metastasis
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration 8 mo.

Major findings: Of operations None
Of autopsy None

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Morris Herman (M. D. or other) M.D.
Address 3651 Grand by Date signed 4-22-47

WRITE PLAINLY--USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Delis J. Krupin*.....
Licensed Embalmer No..... *3497*.....
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 this body is not embalmed, fact should be so stated above.