No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21841 5775

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4604 Virginia Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 4604 Virginia Ave.
c. CITY (If outside corporate limits, write RURAL and give township): St. Louis Mo.
d. STREET ADDRESS (If rural, give location): 4604 Virginia Ave

3. NAME OF DECEASED (Type or Print)
a. (First): DOLORES
b. (Middle): CLARA
c. (Last): WERGES

4. DATE OF DEATH (Month) (Day) (Year): July 2 1949

5. SEX: Femal
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: SEP. 23 1916
9. AGE (If over 1 year, last birthday): 32 — UNDER 1 YEAR: Months: 9 Days: 9 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St Louis Mo. O
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William Werges
13b. MOTHER'S MAIDEN NAME: Valria Paprocki
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Valeria Werges — ADDRESS:

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

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): STL
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 30 80

22. *I hereby certify that I attended the deceased from* May 5, 1949, *to* July 2, 1949, *that I last saw the deceased alive on* June 28, 1949, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Durand Baughman (Degree or title) MD
23b. ADDRESS: 7430 Virginia Ave.
23c. DATE SIGNED: 7/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5 1949
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: JUL 4 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Telesfor Imbiorowicz 6407 Grand
(Licensed Embalmer's Statement on Reverse Side) Imbiorowicz

Mine

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 .....
Student Embalmer

Signed Frank J. Hyland Jr.

Licensed Embalmer No. 2645

P. O. Address So. Lindsay

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.