

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21842**  
Registrar's No. **5688**

FILED JUL 15 1949

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>0-2-d</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6410 Murdock</b>		e. STREET ADDRESS (If rural, give location) <b>14 6410 Murdock</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amanda</b>		b. (Middle) <b>E</b>	
		c. (Last) <b>Werner</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1949</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 13, 1876</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>stenographer</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>insurance co.</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Phillip Werner</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Hertel</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-05-3299</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Anna Werner</b>		ADDRESS <b>6410 Murdock</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy -</b> ANTECEDENT CAUSES <b>Essential Hypertension</b> 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.	
INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>3 years</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <b>10-2</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>fall</b>			
22. I hereby certify that I attended the deceased from <b>June 26, 1949</b> , to <b>June 30, 1949</b> , that I last saw the deceased alive on <b>June 30, 1949</b> , and that death occurred at <b>6:25 P. m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. B. Blaster M.D.</b>		23b. ADDRESS <b>3606 Mariner</b>	
23c. DATE SIGNED <b>6/30/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/2/49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 1 1949</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>	

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

AUG 23 1962

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. Swann

Licensed Embalmer No. 2245

P. O. Address 27 Lewis St

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.