

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28940

FILED SEP 1 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2042

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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, write RURAL and give town) <b>University City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		4006	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7749 Ahern Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>7749 Ahern Avenue</b>	

3. NAME OF DECEASED a. (First) <b>Ernest</b> b. (Middle) <b>Gaylord</b> c. (Last) <b>Wermeyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 24, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 21, 1889</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 6 MRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Traffic Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Obear-Nester Glass Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ernest Wermeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Lucille Gaylord</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lydia Wermeyer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>329-10-8312</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lydia Wermeyer</b>	ADDRESS <b>7749 Ahern Ave.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection of myocardium</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic Heart disease</b>			<b>3 yrs.</b>
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4200</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	120. AUTOPSY? <b>NO</b> <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **7/13**, 19**50**, to **8/22**, 19**50**; that I last saw the deceased alive on **8/27**, 19**50**, and that death occurred at **9:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul D. Silvebury</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>508 N. Grand</b>	23c. DATE SIGNED <b>8/25/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-28-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-26-50</b>	REGISTRAR'S SIGNATURE <b>Herbert L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed Clarence A. Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 4011

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.**