

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

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State File No. 35454
Registrar's No. 7583

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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 817 Reed	

3. NAME OF DECEASED (Type or Print) Clarence	a. (First) C.	b. (Middle) Werner	c. (Last) Sept. 5, 1950	4. DATE OF DEATH (Month) (Day) (Year)
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 8, 1901	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Alpha Portland		11. BIRTHPLACE (State or foreign country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Werner	13b. MOTHER'S MAIDEN NAME Emma Lindhurst	14. NAME OF HUSBAND OR WIFE Edith Werner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY 489-03-2490	17. INFORMANT'S SIGNATURE OR NAME Edith Werner, 817 Reed	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 3 weeks about 3 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>acute febrile peritonitis</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Obstructive jaundice -</i>	
		DUE TO (c) <i>Common Post Obstruction</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8/2/50	19b. MAJOR FINDINGS OF OPERATION Biliary fistula	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 586X
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22. I hereby certify that I attended the deceased from Aug 9 - 1947, to Sept 5, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 3606 Travis	23c. DATE SIGNED 9/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-9-50	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Luth. Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. SEP 7 1950	REGISTRAR'S SIGNATURE <i>J. B. Jasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	ADDRESS 7420 Michigan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-4
7-9-

Handwritten scribbles and initials

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 _____
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address _____

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.