

## FILED MAY 2 1951 STANDARD CERTIFICATE OF DEATH

State File No. 11529  
Registrar's No. 36

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Leopold</u> c. LENGTH OF STAY (in this place) <u>1 Month</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Leopold - Lorauch, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Werner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sep't. 21, 1894</u>		9. AGE (in years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Anton Werner</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Pabel</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Werner #54 St. Mary Lane</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured Peptic Ulcer</u> 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 <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5400	
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)		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?		22. I hereby certify that I attended the deceased from <u>April 19, 1951</u> , to <u>April 23, 1951</u> , that I last saw the deceased alive on <u>April 22, 1951</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Evelle L. Price</u> (Degree or title) <u>LL.O.</u>	
23b. ADDRESS <u>Luttenville, Missouri</u>		23c. DATE SIGNED <u>4/25/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 25, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Dan Amburgh</u>		25. ADDRESS <u>Kriegshauser Mortuaries, 50 King Highway</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 25 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Dan Amburgh</u>		25. ADDRESS <u>Kriegshauser Mortuaries, 50 King Highway</u>		25. ADDRESS <u>4228</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 1 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

NOT EMBALMED

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.....

*Edwin J. McNamee*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3024*

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.