

No. 300
10.48

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21736**

Registrar's No. **2451**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2451	
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,			
b. CITY (If outside corporate limits, write RURAL and give township) LEMAY		c. LENGTH OF STAY (In this place) years		c. CITY (If outside corporate limits, write RURAL and give township) 8600N LEMAY..		4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woerman Lane Farm.				d. STREET ADDRESS (If rural, give location) Woerman Lane Farm..			
3. NAME OF DECEASED a. (First) HARRY		b. (Middle) ARTHUR		c. (Last) WOERMAN.		4. DATE OF DEATH (Month) (Day) (Year) June 17 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.		8. DATE OF BIRTH JULY 12, 1880.	
9. AGE (In years last birthday) 70.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale liquor salesman..		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry William Woermann.		13b. MOTHER'S MAIDEN NAME (Unknown) Roegner.		14. NAME OF HUSBAND OR WIFE Nellie Wagoner Woerman.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no. no.		16. SOCIAL SECURITY NO. 498-05-9895		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie W. Woerman, Lemay, Missouri.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerotic Heart Dis				INTERVAL BETWEEN ONSET AND DEATH Sudden 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1936 to June 17, 1951 , that I last saw the deceased alive on 6/8/51 , at 12:15 pm. , and that death occurred at 12:15 pm. , from the cause and on the date stated above.							
23a. SIGNATURE Paul G. Wast M.D. (Degree or title)				23b. ADDRESS 4909 Lindenwood		23c. DATE SIGNED 6/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..U		24b. DATE 6/20/51.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. 6-19-51		REGISTRAR'S SIGNATURE Herbert R. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd			

(Licensed Embalmer's Signature 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.

Student
Student Embalmer

Signed: *Melvin F. Kemper*

Licensed Embalmer No. *4052*

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.