

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28848
7906

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St Louis 5				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Charles 0923			
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home				d. STREET ADDRESS (If rural, give location) 915 North Benton 1			
3. NAME OF DECEASED (Type or Print) a. (First) Lydia		b. (Middle) Werremeyer		c. (Last) Werremeyer		4. DATE OF DEATH (Month) (Day) (Year) August 27 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 2 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) St Charles Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stephen Werremeyer		13b. MOTHER'S MAIDEN NAME Wilhelmina Westenkuehler		14. NAME OF HUSBAND OR WIFE			
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 NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hannah Meehlenkamp St Charles Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not cover the mode of dying such as heart failure, asthma, etc. If death the result of injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation arteriosclerotic heart disease DUE TO (b) Fracture of right hip 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200F	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Charles Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 11 57 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on floor.			
22. I hereby certify that I attended the deceased from June 28, 1951, to Aug 27, 1951 , that I last saw the deceased alive on Aug 22, 1951 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Bergman		(Degree or title) MD		23b. ADDRESS 3220 Washington		23c. DATE SIGNED 8/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 30 1951		24c. NAME OF CEMETERY OR CREMATORY St John's Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. SEP 5 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wachmann, Gane St Charles Mo.			

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 Arthur C. Bane

Licensed Embalmer No. 3154

P. O. Address. St Charles 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.