

FILED NOV 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34157

State File No.

521

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

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Franklin County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Edina Mo. Center</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u> <u>852-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Edina Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Werner</u> c. (Last) <u>Hirner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar. 12, 1885</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. MIND OF BUSINESS OR INDUSTRY <u>Clothing Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Edina Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME (Full name) <u>Joseph Henry Wilhelm</u>		13b. MOTHER'S MAIDEN NAME <u>Jacoba Martha</u>	14. NAME OF HUSBAND OR WIFE <u>John Werner</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>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Werner</u> ADDRESS <u>Edina Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (Min.)		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>Aug 24, 1950</u> , to <u>Oct. 25, 1951</u> , that I last saw the deceased alive on <u>Oct 25, 1951</u> , and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Glennelius 50</u> (Degree or title)		23b. ADDRESS <u>Edina Mo.</u>	23c. DATE SIGNED <u>10/26/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 29, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Edina Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-29-1951</u>	REGISTRAR'S SIGNATURE <u>Neil S. Hunert</u> 151	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelly's Funeral Home</u> ADDRESS <u>Edina Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-196
Date Filed: NOV 3 1951
NOV 3 1951

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

Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address *Edina, Minn.*

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.