

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23219

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1692

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>25 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8424 Alaska ave.</u>		d. STREET ADDRESS (If rural, give location) <u>8424 Alaska ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mamie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Werner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 5, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Mehlville, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Will</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>William W. Werner</u>
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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) <u>no</u> <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William M. Werner</u>	ADDRESS <u>8424 Alaska ave. Lemay, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>Chronic</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Chronic</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 <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Jan 20, 1950, to June 19, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Higgins M.D.</u>	(Degree or title)	23b. ADDRESS <u>7706 Kroyer</u>	23c. DATE SIGNED <u>6/20/52</u>
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24a. BURIAL, CREMATION, DATE (Specify) <u>Burial</u> <u>June 23, 52</u>	24b. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	24c. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road, Lemay</u>
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DATE REC'D BY LOCAL REG. <u>6-21-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	ADDRESS <u>U. & L. Co. 7814 S. Broadway</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Harry J. Schenck

Signed.....

Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.