

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8067

FILED FEB 26 1953

State File No. 1441  
Registrar's No. 1441

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2189					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2901a LaSalle</u>								
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle)		c. (Last) <u>WERZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 5, 1953</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>Aug 28 1878</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Ambrose Werz</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Thuringer</u>			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) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Werz</u> ADDRESS <u>1532 Fairmont</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>Bronchogenic Carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>162x</u>	
22. I hereby certify that I attended the deceased from <u>7-7-52</u> , 19 <u>  </u> , to <u>2-5-53</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2-5-53</u> , 19 <u>  </u> , and that death occurred at <u>4:15Pm.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>James K. Rottentum M.D.</u> (Degree or title)				23b. ADDRESS <u>1515 Lafayette Avenue</u>				23c. DATE SIGNED <u>2-6-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 7, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) <u>St. Louis Mo</u> (State) _____						
DATE REC'D BY LOCAL REG. <u>FEB 6 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Schnur</u> ADDRESS <u>3125 Lafayette</u>							

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 \_\_\_\_\_

Licensed Embalmer No. 14014

P. O. Address Garrison

**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.