

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2820**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>54yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2029</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6203 Tilden</b>		d. STREET ADDRESS (If rural, give location) <b>2 6203 Tilden</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b> b. (Middle) <b>P</b> c. (Last) <b>Werner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-13-53</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 22 1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3d</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b> <b>U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Julius Kissel</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Langenhennig</b>		14. NAME OF HUSBAND OR WIFE <b>Georg P. Werner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Georg Werner 6203 Tilden</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>Dementia praecox</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 year</b> <b>4 years?</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 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? <b>4/201</b>	

22. I hereby certify that I attended the deceased from **June 2 1949**, to **Mar 13, 1953**, that I last saw the deceased alive on **3-12, 1953**, and that death occurred at **5:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melvin R. Wilucki M.D.</b>		23b. ADDRESS <b>8301 E. Drierson</b>		23c. DATE SIGNED <b>3-14-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>3-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>			

DATE REC'D BY LOCAL REG. <b>MAR 16 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schumacher Und. Co 3013 Meramec</b>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St. Francis

**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.