No. 300
10.48

3

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6975

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1268

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hosp. DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 16 3407 Dunnica Ave. 2169

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) c. (Last) Werz

4. DATE OF DEATH (Month) (Day) (Year) 2 - 8 - 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-29 / 1892

9. AGE (In years last birthday) 61 yrs. If under 1 year: Months / Days. If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Store Room

10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ambrose Werz

13b. MOTHER'S MAIDEN NAME Pauline Theringer

14. NAME OF HUSBAND OR WIFE Louisa Jost Werz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Louisa Werz **ADDRESS** 3407 Dunnica Ave.

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) Gunshot Wound of Head; self inflicted in Tower Grove Park, Feby 8 1954.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Exact time unknown.

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 Suicide

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Park

21c. (CITY, TOWN, OR TOWNSHIP) St Louis **(COUNTY)** **(STATE)** Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feby 8 54 ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E976x

22. *I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 805A *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor **(Degree or title)** Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 2. 9. 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/11/54

24c. NAME OF CEMETERY OR CREMATORY Concordia

24d. LOCATION (City, town, or county) St. Louis, Mo. **(State)**

DATE REC'D BY LOCAL REG. FEB 9 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE E.J.Schnur **ADDRESS** 3125 Lafayette Ave.

mJB (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 401

P. O. Address 3125 Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.