

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

14020

3646

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		STREET ADDRESS (If rural, give location) 1422 N. Market Str.		
3. NAME OF DECEASED (Type or Print) a. (First) Conrad b. (Middle) c. (Last) Werchow		4. DATE OF DEATH (Month) (Day) (Year) 4 23-55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/20/87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothes Presser		10b. KIND OF BUSINESS OR INDUSTRY Marx Hasse	9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Theodor Werchow		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Agnes Werchow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Agnes Werchow 1422 N. Market		
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) Cardiac Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 yrs 1 yr
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592x		
22. I hereby certify that I attended the deceased from 4-15, 1955, to 4-23, 1955, that I last saw the deceased alive on 4-23, 1955, and that death occurred at 5 p. m., from the causes and on the date stated above.				
23a. SIGNATURE Theodore Keyser M.D.		(Degree or title)	23b. ADDRESS 3626-28 N. 11 <sup>th</sup> St.	23c. DATE SIGNED APR 25 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/55	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County	
DATE REC'D BY LOCAL REG. APR 25 1955	REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Und Co 1841 Cass ave	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
Signature of Student Embalmer

Signed..... *J.M. Piatek* .....

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.