RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS FEB 18 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1448 STATE FILE NUMBER 60-009055

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alexian Bros. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7507 Virginia — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JACOB Middle J Last WERNET
4. DATE OF DEATH: Month Feb. Day 8 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/4/89
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Guard
10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chem.
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob J Wernet
13b. MOTHER'S MAIDEN NAME: Wilhelmina Pfeiffer
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487 05 2046
17. INFORMANT: Esther Wernet — Address: 7507 Virginia 11

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ANTERIOSCLEROTIC HEART DISEASE C — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Congestive Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
420.0
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) PNEUMONITIS (left) (10) Prostatic Obstruction
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2/27/56 to 2/8/60 and last saw her/him alive on 2/7/60
Death occurred at 8:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Charles L. Ladd MD (Degree or title)
22b. ADDRESS: 7430 Virginia Ave
22c. DATE SIGNED: 2/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/11/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Mauseleum
23d. LOCATION (City, town, or county) (State): Lemay 25 Mo.
24. FUNERAL DIRECTOR: Fendler Und. Co. — ADDRESS: 7420 Michigan
25. DATE RECD. BY LOCAL REG.: FEB 8 1960
26. REGISTRAR'S SIGNATURE: Noel Smith, M.D. MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.